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ABSTRACT

This document records proceedings of the joint hearings on the Child and Family Services Act, 1975 (bills S.626 and H.R.2966). Included are witnesses' testimony of February 21, 1975, statements presented, and additional information (including related publications and communications). (SB)

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CHILD AND FAMILY SERVICES ACT, 1975

ED127042

JOINT HEARINGS

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

AND THE

SUBCOMMITTEE ON EMPLOYMENT, POVERTY, AND MIGRATORY LABOR

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE

AND THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR U.S. HOUSE OF REPRESENTATIVES

NINETY-FOURTH CONGRESS

FIRST SESSION

ON

S. 626 and H.R. 2966

TO PROVIDE FOR SERVICES TO CHILDREN AND THEIR FAMILIES, AND FOR OTHER PURPOSES

PART 2

FEBRUARY 21, 1975

Printed for the use of the Senate Committee on Labor and Public Welfare and the House Committee on Education and Labor

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p. 280-289 "Early Intervention: Experiences in a Service-Centered Research Program." Sally Provence. The Infant at Risk (Birth Defects, Original Article Series, The National Foundation--March of Dimes) Vol. X, No. 2, 1974.

p. 290-297 "A Program of Group Day Care for Young Children." Sally Provence. Psychosocial Process Issues in Child Mental Health; Vol. III, No. 1, Spring 1974, p. 7-13.

p. 298-304 "Issues in Early Day Care." Peter B. Neubauer. Psychosocial Process Issues in Child Mental Health; Vol. III, No. 1, Spring 1974, p. 1-6.

CONTENTS

CHRONOLOGICAL LIST OF WITNESSES

FRIDAY, FEBRUARY 21, 1975

	Page
Reid, Joseph H, executive director, Child Welfare League, New York, N.Y., accompanied by Jeanne H. Ellis, executive director, Child Care Center, Stamford, Conn	187
Jacobs, Hon. Andrew, Jr., a U.S. Representative in Congress from the State of Indiana	390
Green, Frederick C., M.D., F.A.A.P., associate director, Children's Hospital National Medical Center, Washington, D.C. accompanied by John H. Sharon, president of the board of directors of the Children's Hospital National Medical Center	392
Weintraub, Frederick J., assistant executive director of governmental relations, Council for Exceptional Children, accompanied by Hal Benson, director of governmental affairs, United Cerebral Palsy Association; Paul Marchand, director of governmental affairs, National Association for Retarded Persons; Richard Dowling, director of governmental affairs, American Speech & Hearing Association; and Samuel Ornstein, executive director, National Association of State Coordinators of Programs for the Mentally Retarded	406
Helms, Judith S., executive director, National Council of Organizations for Children and Youth, Washington, D.C	427

STATEMENTS

Children's Hospital National Medical Center, prepared statement	400
Child Welfare League of America, Inc., prepared statement	202
Council for Exceptional Children, United Cerebral Palsy Association, Inc., American Speech & Hearing Association, National Association of Coordinators of State Programs for the Mentally Retarded, and the National Association for Retarded Citizens, prepared statement	411
Green, Frederick C., M.D., F.A.A.P., associate director, Children's Hospital National Medical Center, Washington, D.C., accompanied by John H. Sharon, president of the board of directors of the Children's Hospital National Medical Center	392
Prepared statement	400
Helms, Judith S., executive director, National Council of Organizations for Children & Youth, Washington, D.C	427
Prepared statement	432
Jacobs, Hon. Andrew, Jr., a U.S. Representative in Congress from the State of Indiana	390
National Council of Organizations for Children & Youth, prepared statement	432
Reid, Joseph H., executive director, Child Welfare League, New York, N.Y., accompanied by Jeanne H. Ellis, executive director, Child Care Center, Stamford, Conn	187
Prepared statement	202
Weintraub, Frederick J., assistant executive director of governmental relations, Council for Exceptional Children, accompanied by Hal Benson, director of governmental affairs, United Cerebral Palsy Association; Paul Marchand, director of governmental affairs, National Association for Retarded Persons; Richard Dowling, director of governmental affairs, American Speech & Hearing Association; and Samuel Ornstein, executive director, National Association of State Coordinators of Programs for the Mentally Retarded	406
Prepared statement	411

ADDITIONAL INFORMATION

Articles, publications, etc.:
Child and Family Services Act—1974, by William L. Pierce, director of policy development, the CWLA Center for Government Affairs 239
Child Care Arrangements in the United States in 1974: A "Guesstimate," by William L. Pierce, Child Welfare League of America, Inc 231
Child Care Principles, by William L. Pierce 240
Day Care Services: A "No-Quality" Future? by William L. Pierce, reprinted from "The CWLA Study of the Expansion of Day Care in the United States; Final Report" copyright 1972 245
Inequality in Education, Perspectives on Child Care by Harvard University Center for Law & Education, December 1972 252
Infant at Risk, Birth Defects, by the National Foundation—March of Dimes 280
League's Study of the Expansion of Day Care in the United States: Summary of the Final Report, 1974 254
Position paper on day care, by Audrey K. Naylor, NSW, assistant professor of social work, Yale Child Study Center 305
Power, Profits, and the Preschool Market, by William L. Pierce, reprinted from Changing Education, December 1971 241
Psychosocial Process—Issues in Child Mental Health, by Sally Provence and Peter B. Neubauer, of the Jewish Board of Guardians 290
State Day Care Facility Licensing Act, drafted by the Day Care Alliance 369
Communication to:
Brademas, Hon. John, a U.S. Representative in Congress from the State of Indiana, from Henry Saltzman, executive director, Citizens' Committee for Children of New York, Inc., New York, N.Y., March 25, 1975 441

CHILD AND FAMILY SERVICES ACT, 1975

FRIDAY, FEBRUARY 21, 1975

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN AND YOUTH AND THE
SUBCOMMITTEE ON EMPLOYMENT, POVERTY,
AND MIGRATORY LABOR OF THE
COMMITTEE OF LABOR AND PUBLIC WELFARE;
AND THE SUBCOMMITTEE ON SELECT EDUCATION,
OF THE HOUSE COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 9:40 a.m., pursuant to recess, in room 2175, Rayburn House Office Building, Hon. John Brademas presiding.

Present: Representative Brademas, Senator Mondale, Representatives Meeds, Miller, Jeffords, Pressler, and Cornell.

Mr. BRADEMAS. The hearings will come to order.

This morning we begin the second day of joint hearings by the Senate subcommittee chaired by the distinguished Senator from Minnesota, Senator Mondale, on S. 626 and H.R. 2966, Child and Family Services bills.

We are particularly pleased on the House side to welcome our colleague from the Senate, Senator Mondale, who has been so vigorous a champion of legislation in this field.

The Chair would yield to the Senator, for any observations he might care to make.

Senator MONDALE. Thank you, Mr. Chairman, for those comments. I don't think I have any observations at this point.

Mr. BRADEMAS. The first witness this morning is Mr. Joseph Reid, executive director of the Child Welfare League of New York, accompanied by Mrs. Jeanne H. Ellis, executive director of the Child Care Center in Stamford, Conn.

Mr. Reid, Mrs. Ellis, we are pleased to have you with us.

The Chair would say at the outset we have a substantial number of witnesses today.

If therefore witnesses would be good enough to summarize their statements, it would be helpful.

STATEMENT OF JOSEPH H. REID, EXECUTIVE DIRECTOR, CHILD WELFARE LEAGUE, NEW YORK, N.Y., ACCOMPANIED BY JEANNE H. ELLIS, EXECUTIVE DIRECTOR, CHILD CARE CENTER, STAMFORD, CONN.

Mr. REID. Thank you, Mr. Chairman.

Members of the committee, I wish to thank you for the privilege of appearing before you.

I am here, as is Mrs. Ellis, as the executive director of one of the league's major member agencies.

On behalf of the board of directors of the Child Welfare League of America, Inc., we have already presented our statement and appendixes which we hope will be made part of the official record.

We will limit our remarks, as you have suggested, and will be glad to answer any questions that you might have.

These brief comments made by Mrs. Jeanne Ellis and myself will focus on the two vantage points we occupy.

Mrs. Ellis is an extremely experienced administrator in a large program serving children.

I represent approximately 400 member agencies of the Child Welfare League, though I am not necessarily speaking for each of them from the vantage point of national perspective.

We are dedicated to advocating the best for children—quality services.

I would just like to say that the Child Welfare League strongly agrees with the intent of and the purposes of this legislation.

Let me first address the question of need. Need is almost entirely, as we compute it, not a matter of providing services to those who might like them. The numbers we count are numbers based on necessity, social necessity.

If the parent or parents are in the work force there is a societal responsibility for care as there also is if the children are emotionally or physically handicapped.

There is a societal responsibility to ameliorate those conditions or prevent them from worsening.

If the children are in families ravaged by poverty these services may be the only way they will receive the health, nutritional, and other services they require.

With this somewhat narrow definition we still come up with a figure of 32,852,000 children under 18 who require care and supervision for a variety of reasons.

Of these 32-plus million children slightly more than 7 million are under 6 years of age.

We then compare the need with the supply. There are about 4,075,000 spaces for children under 18 that require service in the United States.

But we are not talking about high-quality spaces. On the contrary, of these current spaces we estimate that 3⅓ million are of such low quality—this includes most of the unlicensed spaces—that they cannot be used or should not be used.

We have about a million spaces of a quality that is usable.

Few of these are for children over age 6.

So if we assume that most are for those under 6 we come up with a need for 5 million preschool spaces and 27 million school aged.

Mrs. Ellis knows locally what the need is. She will give examples of her experiences.

Mrs. Ellis?

Mrs. ELLIS. Thank you, Mr. Reid.

In 1973 there were approximately 225,000 children 5 and under in Connecticut. The number has now gone up to about 231,000; 31,000 of these children are AFDC recipients.

We have only licensed spaces for about 18,800 children excluding part-day nursery schools and Head Start programs; 13,300 of these are available for full day care.

We have about 2,000 family day care homes which accommodate 5,500 children. There are new family day care homes being licensed at the rate of 100 to 200 a month.

In my city of Stamford there are 44 day care centers involving 1,600 preschoolers.

I am responsible for 16 of these operations, which enroll about 500 youngsters, ages 3 to 5.

The child care center proper has a waiting list today of 162 youngsters we are not able to accommodate.

For 5-year-olds and over it is worse. We can accommodate about 50 5-year-olds. We already have a waiting list of 138 requests for this service for September 1975 enrollment and this list is steadily growing.

Working parents desperately need these services. The choice is either work with day care or welfare.

Speaking as a parent of three myself and with today's living expenses to meet the economic needs of a family, all must work and we prefer to work rather than have welfare.

Sixty percent of our families are one-parent families where it is not a question of day care threatening the family life.

What is threatening the family headed by the single parent is poverty.

Either the single parent gets good day care and works or it is welfare and despair and a worse situation.

So long as incomes are insufficient for single-parent families and for most of the families there is only one person earning wages, there will be no choice about day care.

We know there is no income policy reform coming soon. So we want more children's services which help keep single parents and two-parent families together.

The bills before us can indeed provide these services.

Mr. REID. We do want to stress that our estimate of need pertains to day care services although we realize a broader range of services is contemplated in this bill. We think that is good.

We want to say it should not be the goal of these bills to try to attack every need the children and family have. We are sure that is not the committee's intent.

Children have health needs and maternal health burdens are in disarray. But to expect these bills at their modest levels of authorization to make a dent is a mistake.

We need real national health insurance and these bills can't substitute. The same is true of nutrition. We respectfully suggest that the way to improve nutrition is to amend and enact legislation that can massively improve it. A few meals here and there from child and family service agencies isn't the answer, though in my opinion it is wise to have provisions for improved nutrition in day care centers.

We need many services, so many that we need to take this step in our statement of costing-out services that are most needed in the child care area.

The total is something over 14 billion. Certainly the bill is modest in this request.

Before anyone reminds me of the President's intentions regarding new spending, let me add that 14 billion in preventative spending now would have a cost benefit of at least 2 to 1 or of 1 to 2 later and not just for 1 year but year after year. Let us balance the budget by sound human service investment.

Before I turn to Mrs. Ellis for comments on two issues that were raised yesterday, I would like to list some improvements I would like you to consider.

We have already indicated that we think the bill should have a much higher authorization.

We would like to see the operating agency for children and family services be separate from the agency that we believe is desperately needed to perform functions of surveillance, advocacy, and technical assistance of the sort the Children's Bureau once did.

We believe in parental involvement. But we think you should look more closely at what parents say they want when they are involved.

We entreat you to carefully consider that part of our statement prepared by Dr. Sally Provence, an outstanding expert in early child development, in regard to care for infants.

Dr. Provence's warning should be heeded as well as her counsel.

Good staff-child ratios are essential to a successful program for infants.

We have concrete suggestions for amending the 1968 requirements that Dr. Provence endorses.

Yesterday, Chairman Brademas asked several witnesses two questions. We would like to anticipate them if we might in closing.

First, with regard to prime sponsors our board of directors has taken the position that there should be no presumed prime sponsor and that the prime sponsor best able to provide quality service should be chosen.

Mrs. Ellis, I think, can speak to this more eloquently.

Mrs. ELLIS. With reference to prime sponsors we believe the definition should not be limited to State or municipal governments. In many cases, a municipality or board of education should not become involved in child care.

Prime sponsorship should be varied and open to municipalities, private nonprofit agencies, boards of education, departments of health or welfare and others as the area and community may dictate.

I do feel the necessity for strict requirements for program sponsors. But specific restrictions as to who may serve as sponsors may prevent funds from reaching geographical areas and people where the need is greatest.

Mr. Reid will conclude with comments on for-profit operators in child and family services.

Mr. REID. Our position was arrived at only after long deliberation and examination of surveys like "Windows on Day Care" and "Corporations in Child Care" that were conducted by non-Child Welfare League persons.

In addition, for more than 3 years we examined the role being played by for-profit operators.

In brief, we found the same patterns of low quality and questionable care that emerge in nearly every instance where for-profit interests

have gone into the human services area whether in day care, blood banking, methadone clinics, nursing homes for the aged, hospitals, correspondence schools, child care institutions, or group homes. It has been the same.

This has led the board of the Child Welfare League to take the position that "enough is known about the poor performance of most for-profit children services to recommend that no public moneys be provided to for-profit organizations through child services legislation."

I am sure we have raised more questions than we have answered.

We would be happy to respond to any questions you may have.

Where we are uncertain or need more data we hope you will allow us to respond at a later date for the record.

Mr. BRADEMAS. Thank you very much, Mr. Reid, Mrs. Ellis.

We will begin the questions with Senator Mondale.

Senator MONDALE. In your specific suggestions for changes regarding higher authorizations, I agree with you.

We have made a pragmatic judgment here about what we might ask for in the short run in view of inflation.

We also found that authorizations are viewed by the public as being the same as appropriations. When it comes to human services we rarely get more than a 30 or 40-percent appropriation to cover our authorizations.

So we get labeled as "big spenders." Programs get tagged as "big ticket" programs. When in fact the spending items are essentially lower.

As you know, John and I and all the sponsors prefer a much larger bill. We agree with you. It is just a beginning. That is all.

We feel very strongly that the program should only grow as fast as it can serve children adequately. It should not be diluted to quote "serve more" because during the dilution process in many cases it could hurt children.

What kind of authorization would you recommend?

Mr. REID. I certainly would agree, Senator Mondale, that past experience in this type of legislation within title IV(b), in which we have an authorization many times the level of appropriation, it may look good on paper but it is not enough.

We are not here from the standpoint which is your area of expertise, which is the art of the possible. We are speaking to need.

I would not want to presume to say what is the most appropriate level of authorization. That is something that we believe should be the judgment of this committee.

But in terms of the immediate need, in terms of what is spendable, I think the situation is such that a great deal of money is spendable, soundly.

We have enough people who are experienced and trained. We have operations in place, there are the 4–C's operations and the hundreds of existing day-care centers.

An authorization three times this authorization could be immediately absorbed.

Senator MONDALE. I accept that. In other words, you argue that the need is demonstrably much larger than that which could be served under these authorizations. We all realize that. We appreciate that.

You also say, "We believe that we should look more closely at what parents say they want when they are involved."

Would you tell me what is meant by that?

Mr. REID. Yes. If I might, Senator, let me turn to Mrs. Ellis, who has direct experience with parent groups.

I will just add this before I ask her to speak. Particularly at the national level where you are stipulating that an advisory group be made up half of parents, we have to be careful not to ask parents to assume responsibility for policy planning prior to their being able to do so.

It is not a question of being against parent involvement. Quite to the contrary. A bill that doesn't have it is not worth having. But we don't want to provide something that is unsound.

Mrs. Ellis?

Mrs. ELLIS. I would quite agree with that statement since we do have with our Head Start program a parent involvement policy which you are aware of.

But my experience has been that if you ask parents how to make decisions that they have never had the opportunity to make before the decisions are not of merit.

And parents at this stage can be manipulated by other people who have indeed different vested interests.

I think if we spend some time working with parents and educating parents as to what policy decisions really mean then we have a different problem.

That is what I would add to that. Because they quite often are taken by what they see on television and what they hear. That is not what they really feel or want.

Mr. REID. Senator, can I add just one slight thing there? In support of what Mrs. Ellis has said, what I am afraid of, particularly at a policy level, is that an inappropriately designed approach to parent involvement could allow the professional to run it by manipulating the parents.

In particular there was a study made in San Francisco in which parents were asked what did they want in terms of involvement. I would just quote two figures from it.

Thirty-five percent said they wanted to spend time with children and learn about children.

Only 2.3 percent said they wanted to decide on the budget.

In other words parents' interest is in involving themselves in program planning, in learning about children, in getting instruction and information rather than in determining policy.

Senator MONDALE. One final question. Do you think it might be wise to separate the surveillance and advocacy function out of this program so that the serving programs should not be the same programs that police them?

Mr. REID. Yes.

Senator MONDALE. That is a very good distinction.

But what we had in mind here is that if we see that most of the money for day care going to the SRS office, which OCD is supposed to be endorsing except that OCD doesn't have any money, OCD can scream all day long. SRS doesn't care because they have got the money.

One of the arguments around here is that we ought to have an ombudsman to watch government.

Actually the Congressmen and women serve as ombudsmen and do a better job because we are assigned to committees such as the Appropriations Committee or the Finance Committee.

There is a conflict I think we have to deal with, that is, putting advocacy and influence together. We are afraid that if you have a totally independent agency they can scream all day long and nothing will happen.

Mr. REID. I would like to make two comments with respect to that. Of course we agree completely with your SRS–OCD references.

To me the theory of setting up OCD was wrong from the beginning. I have never seen a government agency with no money able to enforce anything.

I also find this to be the first bill in which a meaningful percentage of the money is allocated to enforce standards.

But what concerns me about OCD's record in recent years, is their failure to enforce their own Headstart regulations nor have they had too much effect on SRS.

Unless you have this ombudsman role—and if it is to be played by the Congress, excellent—where the government agency responsible for standards comes under very heavy pressure from levels above it to not enforce standards or to oppose standards because of the financial crunch or the cost, then you have no one speaking for standards. In effect you have an agency that allegedly speaks for children but is under such professional pressure that it will not speak for children.

Senator MONDALE. That is correct.

I think all of the efforts we undertake here have to be viewed with that very practical fact in mind.

Even though we may design the perfect institution to protect children if you don't elect a President who wants to protect them they are not going to be protected.

Everything we do is affected by some fundamental judgments that we make every 2 and 4 years.

I think we can certainly see that on the children's side in the last several years. The children have been the easiest people to cut from the budget. They have been the easiest people to ignore. They don't vote. They can't speak.

The tragedy is that there is much more at stake than this bill we are trying to pass. But it seems to me we have to be realistic.

Mr. REID. I agree. There is no perfect answer.

Particularly as we politicize some of these positions, not just the head of the Office of Child Development, so that the person holding the position does not see himself as an individual professional responsible for speaking from the standpoint of his professional background but rather having to voice whatever he thinks the Office of Management and Budget's viewpoint is or his superior's, then you lose that professional input that is so important.

I do hope your committee takes the role of ombudsman in these areas because there have been some very horrible examples of those who should be speaking for children speaking against them, in essence against their own personal views.

Mr. BRADEMAS. I have just a couple of questions, Mr. Reid and Mrs. Ellis.

As you have already indicated, yesterday I asked a number of the witnesses their views on the question of whether or not funds under

the proposal before us ought to be made available to profitmaking institutions.

I think I might have been more helpful and induced more useful responses if I had perhaps divided that question into two questions.

A. What is your view about profitmaking institutions being prime sponsors, A; and, B, about profitmaking institutions being utilized by public and prime sponsors for the purchase of services?

Do you see the distinction I am making?

Mr. REID. Yes, sir. In respect to prime sponsors we are utterly opposed to a for-profit operator being a prime sponsor and would consider it a very inappropriate use of public funds. With respect to for-profit organizations being used by prime sponsors from the standpoint of simple logic we would have to agree if there were really good enforcement of standards so that you made sure that the for-profit operators met standards and if as a matter of public policy were willing to pay approximately 25 percent more for for-profit operators, than you could not take a position against them.

But because of the record, we have not seen or believe that you can come up with any substantial examples of for-profit operations in this field that have benefited people. Because of the inability of local government to enforce standards, to wit, the nursing home scandals of today, we do not think it is wise public policy to encourage a for-profit operator.

Mr. BRADEMAS. My second and only other question is: I detect in your statement a limited enthusiasm for using support from this bill for research, personnel training, and facilities.

Would you give me a general statement on those three points?

Mr. REID. Yes. May we say since we are a research and training organization that we are by no means opposed to these. It is a question of timing rather than being against a position taken in the bill.

In other words, we don't think it is necessary to delay a year after the startup date for training. There is enough in place that the moneys could be spent.

There are many people in the county who are trained. For 30 years the county has been responding to day-care needs. Look back to World War II when massive programs were started then.

It is primarily a question of timing. We are for training. We are for research. But we do not think there should be this waiting period of a year before we get started on it.

Mr. BRADEMAS. And on facilities?

Mr. REID. Again, on facilities, we think there is too little information on it. I am not sure how providing mortgage money facilities would benefit other than the for-profit operators.

Mr. BRADEMAS. Thank you.

Mr. Jeffords of Vermont?

Mr. JEFFORDS. First, Congressman Bell, who was unable to be present this morning because he is testifying before another committee, has asked me to give you a series of questions to be responded to in writing at your earliest convenience.

I would appreciate it if you would do that for Mr. Bell.

Second, as you are well aware, we are in a difficult financial period, especially for funding new programs this year.

As present, we have various programs in the area of child development. I am generally very supportive of child development programs. We, of course, have programs under the Head Start and social security legislation.

Assuming that the only funds we have available are the funds that are presently being used with those programs could you tell me whether or not you would recommend either eliminating those programs and further developing the programs in the bill before us or whether you would recommend moving a portion of the funds utilized in these existing areas into new programs proposed by this bill. Also, would it be best to postpone action assuming only the present amount of money will be available?

Mr. REID. Mr. Jeffords, if you will allow me to go around the barn just a little bit on that because I do want to say that Senator Mondale's remarks when he introduced this legislation as to whether there should or should not be moneys available for this were most eloquent.

I do not agree that we only have these moneys available, speaking to your question.

We need these programs. I hesitate to recommend that any program be abandoned and this be substituted for it.

The Head Start program I think has been an effective program and I would certainly not recommend its being put aside for this program.

On the title IV–A programs, perhaps they do emphasize, too much in our opinion, the very poor. We would rather see the emphasis placed upon the single parent.

But I cannot take a position that we should abandon or substitute this particular bill for some of the existing programs.

I think this bill makes more sense and is a more coherent program since it ties into Head Start and the IV–B programs and IV–A programs. It does make more sense.

But I really can't take a position supporting or abandoning one of those for this because I think the need is so great in the United States.

We just can't say that what we have is enough and therefore we should substitute the present programs for this one.

Mr. JEFFORDS. If there are still additional funds in existing programs, would you recommend spending these funds for the new programs recommended by these bills or expanding the already existing programs?

Mr. REID. We prefer this particular bill for two reasons:

One is that it addresses the issue of day care openly and squarely. Head Start is important. Head Start has moved a lot of their programs into day care.

But a bill such as the present bill, that has a strong educational component for preschool children, has advantages, I think, over an existing program.

For example, the social security programs are too much restricted to those on welfare. There is too much of an income limitation.

This bill addresses more the working poor and those above the working poor line.

I don't think the needs we have can necessarily be addressed if the whole priority is for the very poor. The single parent, to me, is the person under the greatest need, regardless of income.

Mrs. Ellis will perhaps speak to this because I think she has experience in this.

Mr. REID. Sixty percent of the parents in our day-care situation are single parents and the incomes range from welfare to about $9,000 or $10,000. But the needs are just as acute for child care services.

Mr. JEFFORDS. Thank you. Mr. Bell's questions are along these lines also especially in the area of which type of children we ought to direct programs toward as far as income levels go.

I won't go into that area.

Mr. REID. I would be very happy to submit a written answer.

Mr. BRADEMAS. Mr. Meeds of Washington?

Mr. MEEDS. Thank you, Mr. Chairman.

Mr. Reid, you mentioned that you had done a study on for-profit operations and that was the basis of your reluctance to see funds going into those. Is that correct?

Mr. REID. That is correct. That is one of the reasons.

Mr. MEEDS. Do you have that study available for us?

Mr. REID. It is supplied as an appendix to our full statement.

Mr. MEEDS. It is part of the record?

Mr. BRADEMAS. Yes, without objection.

Mr. MEEDS. This is your business and not mine. I don't in any way want my questions interpreted as thinking I know it all and you don't. I haven't been involved as much as I should with child care development for the last 2 years. So maybe you can help educate me.

I was a little surprised with your answers to the chairman's questions with regard to the developmental aspects of legislation.

My recollection when I studied this question some 2 or 3 years ago was that there was a great need for trained personnel, for developing programs, and for providing people with know-how in early childhood development fields to start these programs in local communities.

It seems to me that the House bill very properly responds to that in the first 2 years and becomes an onstream production later. I am very much in favor of that.

At this time, what you have said so far hasn't dispelled that earlier conception.

Would you like to expound a little on your response to Mr. Brademas and tell me why you feel there are sufficient numbers of properly trained people now and that we ought not to be doing this first and the full production model later?

Mr. REID. Mr. Meeds, I am sure I misspoke myself if you got that impression.

What I said is that it is not a question in any sense of being against training or of stating that we have sufficiently trained people to do the job, the full job that has to be done in the United States.

Simply, I believe that at the present time in terms of the level of this authorization we do not think it should be delayed in being spent for operations because of the need for training.

In other words we think they go hand in glove.

Furthermore we hope that the training is substantive.

Mr. MEEDS. Will you tell me now what you mean—do you mean we should appropriate $500 million for the grants in aid right away at the same time we are appropriating $150 to $200 million for training, for development?

Mr. REID. Yes, sir. That would be the position, that the $500 million can be well spent. The training should be compounded with it. But the spending of the money need not wait for training.

Mr. MEEDS. Do you think there are presently enough programs in operation with properly trained people in communities to utilize $500 million?

Mr. REID. Yes, sir, we do in terms of the numbers of programs in operation, their under-usage in most cases.

In other words, where they "serve" more children, there are a large number of personnel coming out of colleges today trained in early childhood education for which there are no positions.

Mr. MEEDS. I am sure that is correct. A large number?

Mrs. ELLIS. A large number. Right now there are 100 applicants in a small community of 119,000 who will be graduating as of June 1975 and really there are no positions available.

I think Head Start caused quite a few to go into the area of early childhood education so that now we have quite a large number who could come into this kind of program and carry on very effectively.

Mr. MEEDS. Let me place my question in the context that we must face ultimately in passing legislation and appropriating funds, if we ever do get to that happy condition.

We may be faced with the alternatives of money for the developmental aspects during the first 2 years or money for ongoing operations.

Say we were restricted to $150 million the first year, is it still your contention that $150 million should be put into ongoing operations and not into training and developing personnel and pilot programs, things like that?

Mr. REID. That would be my view, sir.

Mrs. Ellis, I don't know whether you——

Mrs. ELLIS. I would tend to agree with that.

Mr. MEEDS. Again, I say this in the context that I have not been as much involved in this recently as I should.

But it seems to me that one of our major problems with some of the early Office of Economic Opportunity programs and things like that was that we went into them in a full-blown way without developing them properly at the outset thereby getting into serious trouble later.

Mrs. ELLIS. I think we have learned from just that kind of experience. I think as a result of that, those of us who operate day-care centers throughout the country would take that into consideration in terms of utilizing staff who are already trained.

When Head Start came into being, we didn't have that many people who were trained in early childhood education. It was a new area in terms of training.

Mr. MEEDS. If you will allow me, it is not just a matter of training personnel to take care of children. It is a matter of training personnel to run operations.

Mrs. ELLIS. Yes.

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Mr. MEEDS. To advise cities on how they are going to set up early childhood development programs.

I am just not aware of all that stuff, all those trained people, being there.

I hope you will convince me.

Thank you very much.

Mr. BRADEMAS. Mr. Miller of California.

Mr. MILLER. Thank you, Mr. Chairman.

I certainly want to thank the two witnesses for their statements. I appreciate them.

I am merely going to question you for the purpose of getting it into the record. Perhaps you can come back at a later time and I will ask the questions again if you don't have an opinion at this time.

First, on the question of where we ought to direct our attention, I suggest that should be decided in terms of the children in need, regardless of their economic status.

I think we find that if we do that we would absorb this appropriation very quickly. Just in my own home State they may absorb the whole thing, with qualified people being available to administer the program.

I think we ought to take a tour of existing programs. As we walk out the door each time, we will put down a list of demands. I think you will find that the money is absorbed so quickly it will make your head spin.

I agree with you. We ought not to place large amounts into training and development because we already have a lot of people in the field who are ready to go when the Government makes up its mind.

I also would like to say that I appreciate your comments on for-profit providers, especially in regard to all areas of human services. I think the record is very dismal, in some regards a disgrace.

In light of your statements regarding parent involvement, to what extent do you think their involvement might be called for in formulating the uniform codes regarding facilities and programs?

Mr. REID. Mr. Miller, this is an area in which we are very easily misunderstood.

Mr. MILLER. I understand. Would you comment on how important you think it is that there be a uniform national standard for centers in terms of facilities.

Do you think that parental involvement is——

Mr. REID. I think parental involvement is indicated but not parental control on this issue.

Here you are dealing with some questions where I think it is perfectly valid to call on the best minds you have got in child development and other professional areas to sit down with parents on this subject.

There are some places, however, where I think parents will come up with a better answer than some of the professionals.

So when you are talking about the care of infants and you ask a mother, "Can you care for four infants," as one of our major professional organizations thinks that they should be able to at one time, I think the average parent would come up with the right answer, "Yes, I can. But it would only drive me crazy."

Mr. MILLER. Where you talk about getting involved in this process of setting standards "for those interested in services for children," the word "interested" bothers me.

I don't want to get too technical this morning. But my concern is whether we should really make sure that we have somebody who has a background in legal advocacy for children.

I come from California. My experience might be legal aid support groups; who would be there with expertise in setting standards? I think we only have to use standards set for nursing homes as an example. We don't have expertise.

I am not sure it makes sense just to have people who are "interested" in children involved, because I think everybody in this room is interested in children.

Mr. REID. I think we ought to make certain that the writing of standards is not captured by those who will be regulated and who have some interest other than children.

The language, I agree with you, is a little too nonspecific.

Mr. MILLER. Perhaps we will address ourselves to that later.

In regard to the Child and Family Service Councils my concern is whether some of those parents, if they are going to be involved ought to be carryover parents, parents whose children have left the program. They can bring some experience to the parents' side of the council to tell them what happened before, what the pitfalls are in dealing with the other members of that council.

I wonder if this is a way to give parents an effective voice.

Mr. REID. Mrs. Ellis?

Mrs. ELLIS. I would certainly agree with that statement.

What we are trying to do in Stamford is to carry over parents who are interested in the field of child care beyond their own children so that they can be helpful to new parents coming into policymaking groups.

Mr. MILLER. The reason I raise this question is that during the recess I had a chance to visit a number of Headstart programs. I found that some of the very articulate spokesmen for those programs are, parents who had children previously in the program or maybe are about to enter.

Also on the question of facilities do you think that there is sufficient current inventory of facilities that we would not have to provide major appropriations for the construction and renovation?

Do you know what is available out there, outside of existing programs?

Mr. REID. I think there is just too little of that kind of information available. We know for example that there is unused school space in a lot of communities, that the core areas of our large cities have problems that are different from some of our smaller cities.

Too little is known about this. I am concerned that these funds be used where necessary and not simply be available to anyone who wants to rip them off.

Mr. MILLER. Thank you.

One final question, Mr. Chairman. I am sorry for taking so much time.

On page 24 of the legislation under Child and Family Service Plans and on page 28, section 16, it states that these plans shall provide for the coordination "of other child care-related programs within the prime sponsorship area with programs assisted for continuity of programs," and so forth.

I think that may be a very key paragraph in terms of what kinds of plans we are going to have. Often plans look good on paper. I wonder if you might give some consideration, not necessarily this morning, as to how coordination might be strengthened in terms of providing a very realistic inventory of what other services are available within the sponsorship area. Should some type of coordination agreement be reached to make sure that these services are in fact available? Should there be some type of quasi-contractual relationship for in-kind services or support or what have you? I think many of us have seen proposals for grants and programs that look very, very good on paper.

Sometimes you go behind them and you find some health care plans—at least in California—where the doctors are supposed to provide certain services and so many beds, and, in fact, the hospital won't do any such thing. I worry about that in putting these plans together.

Mrs. ELLIS. I think that again goes back to community standards and contractual standards with doctors and with the Department of Health.

From the data we do get, the families and the children do get the services from the centers. It does work.

Mr. MILLER. Would you recommend that as a part of this program?

Mrs. ELLIS. Yes. We talk about total services for children.

Mr. MILLER. Thank you very much for your responses.

Thank you, Mr. Chairman.

Mr. BRADEMAS. Mr. Cornell of Wisconsin.

Mr. CORNELL. Thank you, Mr. Chairman.

I don't want to belabor the point. But I am interested in your reaction to the provisions in the proposed legislation on childhood and family service counseling.

I notice a statement on pages 15 and 16 that you indicate there should be provision for parental involvement.

I gather from what is stated on those two pages plus the response that was given to Senator Mondale's question, that the league is not very sympathetic to the idea of having parental participation in administration.

Mr. REID. If I could state this again, we are all very much for parental involvement. But we think that simply waving this as a flag and doing that without looking at some of the problems that have occurred in programs with parent participaton, we have to realize that the answers aren't all in.

We are not opposed to their being involved in policymaking but not in the actual administration of the programs. Policymaking, yes.

But placing responsibility on the parents that goes beyond the 50 percent representation—we simply don't want to have legislation that lays the program open for the type of divisiveness and tearing apart that has plagued so many community programs in recent years.

It is not a question of being against parental involvement. We want to make sure that we help parents become really involved and not set up child care programs in such a way that it allows the professionals to control it.

There are inevitably some situations where varying groups of parents vie for control of funds, for control of things other than the care of children.

Mr. CORNELL. Perhaps I should have prefaced my remarks by saying that I am sympathetic to your concept.

Do you think there should be such membership on the council?

Mr. REID. I believe there should be such membership. There should be parental involvement on the councils.

I think the bill at present needs further study as to the percentages of parental involvement particularly as you get to higher levels of policy determination, such as the national level. I think, for example, it is a rather superficial thing to talk about on the national level.

If I can select 10 parents, let us say, for a 20-man council for the United States, I am sure I could control the program.

Mr. BRADEMAS. A 20-person council.

Mr. CORNELL. Thank you, Mr. Chairman.

Mr. BRADEMAS. Thank you very much, Mr. Reid, Mrs. Ellis.

We are very grateful to you for coming and expressing your views.

Mr. REID. Thank you for the opportunity.

[The prepared statement of Mr. Reid with attachments follows:]

child welfare league of america, inc.
GUARDING CHILDRENS RIGHTS, SERVING CHILDRENS NEEDS

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Statement of Joseph H. Reid
Executive Director
Child Welfare League of America, Inc.
accompanied by
Mrs. Jeanne H. Ellis
Executive Director
The Child Care Center of Stamford, Connecticut
Member Agency, Child Welfare League of America, Inc.

INTRODUCTION

My name is Joseph H. Reid. I am the Executive Director of the Child Welfare League of America at 67 Irving Place, New York, New York. I am authorized to testify on the Child and Family Services bills, S. 626 and H.R. 2966, on behalf of the Board of Directors of the Child Welfare League of America. We are primarily concerned with how this legislation would affect children and their families.

Established in 1920, the League is the national voluntary accrediting organization for child welfare agencies in the United States. It is a privately supported organization devoting its efforts completely to the improvement of care and services for children. There are nearly 400 child welfare agencies affiliated with the League. Represented in this group are voluntary agencies of all religious groups as well as non-sectarian public and private non-profit agencies. Mrs. Jeanne H. Ellis, who joins in this statement and who is authorized to testify on behalf of her Board of Directors, is involved with three Stamford, Connecticut, early childhood educational programs, and her agency is one of our members. Her programs are the Child Care Center of Stamford, Inc., the Stamford Day Care Program, and the Stamford Head Start Program, 64 Palmer's Hill Road, Stamford, Connecticut. We will also be presenting data prepared for these hearings and intended to be submitted in person by Sally Provence, M.D., Professor of Pediatrics and Director of The Child Development Unit, Yale Child Study Center, New Haven, Connecticut.

The League's primary concern has always been the welfare of all children regardless of their race, creed, or economic circumstances. The League's special interest and expertise is in the area of child welfare services and other programs which affect the well-being of the nation's children and their families. The League's prime functions include setting standards for child welfare services, providing consultation services to local agencies and communities, conducting research, issuing child welfare publications, and sponsoring annual regional conferences.

During the League's many appearances before the Congress in the past, we have commented on the need for the kinds of services authorized in these bills. We are pleased, therefore, to respond to the invitation to testify on the general need for these services and to offer some specific suggestions regarding the legislative proposals.

THE NEED FOR CHILD CARE SERVICES

At the outset, we concur with Elizabeth Waldman and Robert Whitmore, authors of "Children of working mothers, March 1973," which appeared in the May 1974 Monthly Labor Review. They were speaking from the vantage point of the Bureau of Labor Statistics and we speak from the vantage point of one of the largest collections of data available in the U.S. Together, we agree that "...little is known about the current supply of and demand for child care services and facilities."

In a nation that spends millions on surveys, it is regrettable that our most recent comprehensive survey is based on 11-year-old data published in 1968. We join Waldman and Whitmore in calling for a new study; the study should be at least as comprehensive as the last survey.

Child Care Arrangements of Working Mothers in the United States

The fact is that no one knows what the situation of America's children is. We do have some data, however, and, if we may be permitted to extrapolate from

what data we have, we believe that we can arrive at some indications of the scope of need.

The 1974 Estimate

The League's 1974 estimate of need is attached as an Appendix to this statement.* At that time, based on available data, we estimated that 32,852,000 children under 18 years needed child care. We arrived at the estimate as follows:

Children with mother in labor force	26,189,000
Children with father (the single parent) in labor force	721,000
Children with handicapping conditions (computed at 10 percent of the remaining child population of 39,393,000)	3,939,000
Children in families where father is in the home and not in the labor force (usually because he is aged, blind, or disabled and unable to provide care and supervision)	1,209,000
Children in families not previously listed, with incomes below $8,069, who could presumably benefit from services	794,000

Of the total 32,852,000 children we estimated as requiring care for all reasons, we estimated that 7,002,000 were under six years of age.

Our estimate, based on data available as of June 1974, listed the total licensed or approved capacity of child care arrangements at 774,021. In October 1974, a publication of the Senate Finance Committee** listed the total as 1,021,202--about 250,000 more. Assuming that all those 250,000 spaces were newly created, and that the quality of the facilities, regardless of auspices, was the same as existing licensed and approved facilities, at least 62.5 percent of the facilities were so inferior in quality that they need to be replaced.***

*Child Care Arrangements in the United States in 1974: A "Guess-timate," William L. Pierce. (Child Welfare League of America, New York, N.Y.: June 17, 1974, 8 pp.)

** We assume that the same "replacement factor" will hold for these arrangements as we did in our 1974 estimate, op. cit., p. 7.

***See Child Care Data and Materials, a Committee print prepared by the staff for the use of the Committee on Finance, dated October 1974. It is a compendium of statistics on child care, reports of child care studies, relevant statutory language, and regulations on child care.

In other words, 156,250 of those spaces are "unusable" for our definition and cannot be counted in capacity.

Updating our 1974 estimate in this way, we find that the entire capacity--licensed, approved, and unlicensed--is 4,270,284 at most. Of those current spaces, 3,324,344 are so low-quality that they cannot be used. This leaves us with about 945,940 spaces of a quality that is acceptable for use.

The need for child care, obviously, is immense--given an estimate of about one million usable child care spaces and nearly 37 million children that require care and supervision. Since most licensed spaces are designed for and utilized by preschool children, the greatest relative need is for school-age child care. Still, if every space somehow were fully utilized and given over to the care of the younger, more obviously vulnerable segment of the child population--those under age six--the need would still be for six million new spaces at once. Counting only those children under six whose parents cannot provide adequate care and supervision for them because they are in the work force, the need is still over five million.

A Later Source of Data

About the time the Senate Finance Committee publication appeared, FINDINGS OF THE 1973 AFDC STUDY, Part III, Services to families* was released. Various studies have found that the child care practices of AFDC mothers do not significantly differ from that of the rest of the mothers in the work force. Once we looked more closely at the data, we decided that the stated arrangements and the large numbers of children for whom arrangements are "unknown" is also indicative of "need." We presume, for instance, that "arrangements unknown" is unreliable if not hazardous.

*DHEW Pub. No. (SRS) 75-03766, NCSS Report AFDC-3(73), October 1974.

Here's the state of child care arrangements for AFDC children.*

Children Under Three

58,164 children, or 28.4%, are in "arrangements unknown"

2,334 children, or 1.1%, apparently are left in the home without care--"caretaker looks after child while away from home"

Were we to extrapolate these data to the entire population of 3,220,000 children under three with mothers in the work force, the picture would look like this.

914,480 children are in "arrangements unknown"

35,420 children are in "caretaker looks after child while away from home"

Children 3 - 5

71,485 children, or 29.7%, are in "arrangements unknown"

3,423 children, or 1.4%, are in "caretaker looks after child while away from home"

Extrapolated to the 2,126,000 children of working mothers in this same age group, here's how the percentages translate.

631,422 children are in "arrangements unknown"

29,764 children are in "caretaker looks after child while away from home"

"CHILD LOOKS AFTER SELF"

One of the more startling statistics is the incidence of publicly reported "self-care" by children aged 3 - 5: 1,043 children, or 0.4%, looked after themselves. Extrapolated, 8,504 children nationally could potentially be officially recognized as being in "self-care."

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* All base data are from the 1973 AFDC study, especially pp. 23-31.

Given any evidence to the contrary, the facts would appear to be that 1½ million children under six are in "arrangements unknown." More frightening, more than 73,000 preschool children--35,420 of whom are under three--apparently have no child care other than what the mother can arrange while separated from the child. We grant that the mothers may be attempting to care for their child by telephone or while actually working on the job; we doubt that the care is acceptable to either the parents or the children. Such arrangements should certainly not be acceptable to public policy makers--they are not to the Child Welfare League!

Children 6 - 11

The statistics grow more troubling as the children of working mothers grow older. By the time they have reached the 6 - 11 stage, 36.1% are in "arrangements unknown," 2.2% are in "caretaker looks after child while away from home," and 9.6% look after themselves.

Extrapolating these statistics for the approximately 625,000 children of each age---about 3,750,000 children--we come up with these estimates:

More than one and one-third million are in "arrangements unknown"
About 82,500 children are in "caretaker looks after child while away from home"
About 375,000 children aged 6 - 11 care for themselves

Children 12 - 14

The AFDC statistics stop with age 14. We believe they should not stop at this age, since many children, as evidenced in various juvenile delinquency and other statistics, require care and supervision until they are of legal age, 18. Nonetheless, the AFDC computations stop at this age, but by this age the child care arrangements have deteriorated to the point where more than two-thirds of the children are in no formal child care arrangement:

37.5% are in "arrangements unknown"
1.9% are in "caretaker looks after child while away from home"
4.1% are in "other"
25.9% of the children care for themselves

Extrapolated to the estimated 1,875,000 children of working mothers of these ages, 469,000 children look after themselves.

Recapitulation

Approximately 852,000 children of working parents currently look after themselves. They are "latch-key" children.

Approximately 184,000 children of working parents currently are looked after by the caretaker while the caretaker is away from home. They either accompany the caretaker to work or in some other fashion are "looked after."

About one-fourth of all children or working parents--some four million children--are in "arrangements unknown."

Need on the State Level--Connecticut and Stamford

According to data provided by Mrs. Ellis, here is the way "need" expresses itself in Connecticut, and particularly in Stamford.

In 1973, there were approximately 225,895 children ages 0 - 5 in Connecticut. (About 6,000 additional children are now in this category in 1975.) Of these 31,000 were AFDC recipients.

There are licensed spaces for about 18,800 children in the state. As of January 1, 1975, there were 825 licensed day care centers (including nursery schools, Head Start centers, and profit-making centers) with a capacity of about 13,300 children (excluding nursery schools and Head Start programs serving preschool children on a part-day basis). There are currently about 2,000 family day care homes, accommodating about 5,500 children. New family day care homes are being licensed by the State Welfare Department at the rate of 100 - 200 per month.

Stamford has 46 centers, enrolling approximately 1,600 preschoolers.

Ten are publicly funded, by the State Department of Community Affairs.

Two are funded in part by United Way.

Five are Head Start centers.

Seventeen are nursery schools.

Eleven are profit-making centers.

One is an infant day care center.

Mrs. Ellis is responsible for the operation of eleven day care centers and five Head Start centers serving approximately 500 children aged three through five. The need for additional spaces is evident from the requests for service and waiting list of Mrs. Ellis's agency, the Stamford Day Nursery. Ten to twenty requests for day care service are received daily, mostly for three's and four's. The agency currently has a waiting list of 162. The need is even greater for five-year-old children. In Stamford, as in many communities, the two-and-one-half-hour kindergarten is inadequate to meet the needs of working or training mothers. A real hardship is created, particularly for the one-parent family. Sixty percent of the families are one-parent families. The Stamford Day Nursery kindergarten program can accommodate 50 five-year-olds. To date, there are 138 requests for this service for September 1975 enrollment.

Need in Terms of Appropriations

Working with somewhat modest "need" figures, the League estimates these immediate appropriations are required to serve those children most obviously at risk.

Eight hundred twenty-five thousand children in "latch-key" situations need care. About 10,000 are under six, and their care is estimated to cost $26 million ($2,600 x N).* The remaining 842,000 are of school age; their care is estimated to cost $1.094 billion ($1,300 x N). In sum, care needed by latch-key children will require $1.120 billion per year.

There are 184,000 children looked after by the caretaker while at work--at the work site or otherwise-- who need care. Of these, 65,000 are preschool children, and their care is estimated to cost $169 million. The remaining 119,000 need before- and after-school and summer and vacation care, and their care is estimated to cost $154 million. In sum, care needed by children now on the work site or in other arrangements will require appropriations of $323 million.

If we add to these needs those of the remaining preschool children requiring care whose parents are in the work force, we would need care for 4,925,000 children (the 5 million estimate from page 4 of text minus the 75,000 accounted for above). Appropriations to fund care for those children would be $12.8 billion.**

New appropriations needed to provide decent child care for the segments of the child population most at risk is, therefore, $14.243 billion per year. Costs

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* We "conservatively" estimate the 1975 cost to be $2,600 per year for full-day (10 - 12 hours), full-year (250 days) care for preschool children. The cost for before- and after-school care and care during holidays and vacations of children six and older we estimate at $1,300 per year.

** It is beyond the scope of this statement to fully explicate our position on the problem of recognizing the imputed value of child care provided by parents in the home and the implications that we believe this has for public policy makers. Various studies have placed the value of housewives' services in the U.S. at 21% of the gross national product (GNP) and volunteer services at 2% of the GNP.

This "current, uncomputed" cost of child care needs to be kept in mind when viewing the funding requests in our estimate. We are essentially converting uncompensated but real work into compensated work in our society, and it is vitally important that all policy makers remember that one of the real costs of earning income and of putting persons into the work force are child care expenditures.

Useful material on this subject is available, and one of the better sources is the 1970 Report of the Royal Commission on the Status of Women in Canada. We would hope that these issues could be examined by the tax-writing committees in some detail.

for purely custodial care, a self-defeating, damaging expenditure, would be about half that amount, or something on the order of $7 billion plus per year.

Having discussed the scope of the need, here are our suggestions regarding the particular legislative proposals put forth to begin the meet this need.

THE CHILD AND FAMILY SERVICES ACTS

The League's Newsletter, Vol. 4, No. 2, Summer-Fall 1974, contained a comparison of the Senate and House versions of the Child and Family Services Acts and is attached as an Appendix to this statement.* In general, we continue to find the Senate version preferable for reasons outlined in our article last year and as specified below. For that reason, please consider these suggestions as pertaining to the Senate version--it is S. 626 that we would prefer to see enacted, with substantial changes.

Title

We do not wish to quibble over labeling. We recognize the importance of stressing that day care and child development services benefit families as well as children. But they also "benefit" society, industry, etc. We also recognize that certain kinds of family services, especially those discussed in the bill, are especially complementary to child care services. So long as the bill's scope is limited to the clearly-linked child and family services and does not move into very important but peripheral areas (such as marriage counseling, substance abuse counseling, job counseling, etc.), we would be supportive. We do believe there is some potential for misunderstanding in the current title.

Authorization

We are distressed by the difficulty in obtaining authorizations for existing legislation and the even more difficult task of obtaining and spending appropriations. In particular, the example of funding for Title IV-B of the Social Security Act comes to mind.

* "Child and Family Services Act--1974," William L. Pierce, p. 3.

Therefore, we would suggest that authorizations for this bill be set either at a level at least twice as high as that required or that an open-ended appropriation be voted.

Specifically, we would favor first-year authorization of at least $1 billion, with expansion at the rate of at least $1 billion per year until the children with the greatest needs are served.

We recognize, of course, that the level of real spending (not imputed value) we estimated earlier- in the $14 billion area--would be at least a decade away. Still, we believe it is important to authorize and appropriate realistically and humanely.

Since the Head Start program has been extended in other legislation, we would suggest that the tie-in of Head Start funding in the authorization section be eliminated. We favor Head Start and all the other quality children's services programs but would not want any failure to fund for one of these programs to endanger funding for this program.

We are extremely hesitant to recommend spending for training, planning, and technical assistance only--even for the first year. What is so desperately needed is immediate new operating funds. At the same time, proportionate and appropriate expenditures for training, planning, and technical assistance should be expended--but as new operating funds flow, not in lieu of direct spending for services to children. We agree with Mrs. Ellis when she says: "I would like some safeguards to assure that less money is spent at the top and more in actual services to the people."

The Office of Child and Family Services

The League is increasingly troubled by the lack of a focused effort at the Federal level which is both a watchdog and an advocate for children. We question whether the new Office of Child Family Services can perform these

functions, and at the same time administer large programs, any more effectively than the well-meaning current agencies, Social and Rehabilitation Service (SRS) and the Office of Child Development (OCD).

We have worked for many years to arrive at a sensible solution to the administrative tangle. This culminated within the League in 1971 with the publication of A National Program for Comprehensive Child Welfare Services. Our 1971 position recommended that "a unit should be designated in the federal government in which responsibility is centralized for the surveillance and advocacy of children's rights and for the social services designed to implement those rights."*

Unfortunately, a glaring example exists of failure to watchdog day care quality and to advocate decent (if expensive) day care. The evidence suggests that neither SRS nor OCD can fit our 1971 description.

The nation now knows what many parents and public officials have known for a long time now that the HEW audit of Federally funded day care in nine states has been made public. Child-staff ratios were not met. Health and safety requirements were not met. The cause, which might well have been predictable, was that neither Federal agency could bring surveillance and advocacy to bear against practices that were in the short-term financial and policy interests of the government. Shoddy day care is cheaper and easier to set up. Day care that meets requirements is more expensive. When it is imperative to hold down costs and at the same time keep spaces open in order to encourage welfare recipients to take jobs or training, surveillance and advocacy suffer.

The failure to close down poor day care is similar to the failure to close down poor nursing homes for the aged. As the HEW auditors noted, program administrators failed to close down programs because they didn't want to lose the day care "slots."

* A National Program..., p. 28.

This failure of surveillance and advocacy at the Federal level has also been mirrored by a failure to help make social services work. In the May 1974 issue of Child Welfare, Winford Oliphant wrote about the sad, disorganized state of children's services in the states.* From the other angle, viewing "disorganization of public child welfare services in the states," he suggested that "what the states need is the kind of leadership formerly provided by the U.S. Children's Bureau."**

Faced, therefore, with the recommendation in this new legislation for creation of a Federal agency which appears destined to repeat the failures of SRS and OCD (at least in respect to surveillance, advocacy, and technical assistance of the Children's Bureau sort), we must hesitate.

We grant the need for an administrative home for this new, hopefully massive program. However, we cannot abandon what we think is another administrative necessity--the creation (or re-creation) of an agency that can do the three jobs we feel are so vital and that must be done if this new money is not to go down the same kinds of ratholes as HEW discovered past money has gone.

We applaud such reorganization as will achieve these twin, complementary goals: 1) setting up an agency to operate large programs offering comprehensive services to children; 2) setting up another agency which has a rather different mission than seeing that the "slots" stay open or that the costs stay down.

For now, we leave it to the inventiveness of the Congress to accomplish both goals.

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*"Observations on Administration of Social Services in the States," Child Welfare, May, 1974, by Winford Oliphant.

**Op. cit., pp. 284 and 285.

Earmarked Funds

We have no objection to the allocation of funds in the bill's Section 103. We enthusiastically endorse the 5% set-aside for monitoring and enforcement of standards. This is precisely the kind of surveillance we discussed above. It represents the most genuine commitment to quality we can imagine. At the same time, it offers part of the financial base for the kind of separate agency we discussed.

We have always endorsed a priority for the economically disadvantaged, but we query the seemingly overweighted allocation on the basis of economically disadvantaged status. As we noted in our discussion of needs, the need is to serve more than the children of the poor. The working poor, the so-called middle class, and children with handicapping emotional and physical conditions require these services too.

Prime Sponsors

The League's "Child Care Principles," which is attached as an Appendix to this statement, has long called for "a flexibility of administration to permit adaptation of programs to meet local needs." That position was reaffirmed at the most recent meeting of our Board of Directors. The Board of Directors said that "...there should be no presumed prime sponsor, and that the prime sponsor best able to provide quality services should be chosen."* This means the League cannot endorse legislation which writes in any presumed prime sponsor.

Mrs. Ellis, from her vantage point as an operator, says essentially the same thing:

"With reference to prime sponsors, we feel that the definitions of prime sponsor should not be limited to state or municipal governments. In

*Minutes of the Dec. 5, 1974, meeting of the Board of Directors of the Child Welfare League of America, Inc., in New York City.

many cases, a municipality or a board of education should not become involved in child care. Prime sponsorship should be varied and open to municipalities, private non-profit agencies, boards of education, departments of health or welfare and others as the area and community may dictate. I do feel the necessity for strict requirements of program sponsors, but specific restrictions as to who may serve as sponsors may prevent funds from reaching geographical areas and people where the need is greatest."

Child and Family Service Councils

One of the League's principles is that "there should be provision for parental involvement in all child care programs."* Our Stamford agency says it like this:

"Quality day care which includes parents as partners and a professional staff is expensive. But we believe that American children deserve this financial expenditure. Stamford enjoys active and viable parent involvement. Our work with parents is an enriching experience. We work closely with parents as team members, to assure that parents are actually involved in policy decisions which affect their children and to see that parent gains are carried forth into the larger community, beyond the day care experience. We advocate programs that educate, respect and involve parents."

Try as we may with parental involvement, however, there are problems that we believe you should examine prior to mandating what may be parental involvement that isn't what they want or have the time, energy, or money for.

First, a finding from a recent Illinois survey on the amount of time parents spent in their child's day care center (including bringing the child in and taking the child home):**

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*"Child Care Principles," Appendix III, item (5).

**Day Care Licensing and Regulation: A Program Evaluation, Ill. Economic & Fiscal Commission. (Springfield, Ill.; October 1974.) Appendix I-1, p. 12.

44% spent less than 15 minutes a week (1½ minutes, morning & evening);
25% spent 15 to 30 minutes;
11% spent 30 to 45 minutes;
11% spent 45 to 60 minutes;
5% spent 1 to 2 hours;
3% spent more than 2 hours.

Findings from a survey of parents in San Francisco also help provide some guidance as to what sorts of parental involvement they may wish.*

First, about 30% of parents didn't visit the program before they enrolled their child.
Second, only about 34% of parents enrolled their child in a particular center because it had a good program--the more pressing reasons, in sum, were convenience, no choice, and cost.
Third, the problems that keep parents from being involved are other demands at home, no additional time, physical exhaustion, and lack of transportation.
Finally, here's what parents say <u>they</u> want for "involvement:"

34.9% - spend time with children;
19.8% - planning program;
14.0% - obtaining instruction or information;
14.0% - spending time with staff;
9.3% - helping care for children;
5.8% - spending time with parents;
2.3% - deciding on budget.

We think, therefore, that the Congress ought to carefully consider ways to build in the kinds of involvement parents say they want. Perhaps program requirements ought to include provision for and funds for time for parental involvement in the child's program, etc.

The precise politics of "control" and "representation" may be less important to parents than they are to those that design or implement programs designed to meet the needs of parents and children.

<u>Child and Family Service Plans</u>

We repeat our concern that the set-aside for economically disadvantaged

*<u>Parents and Child Care</u>, by Stevanne Auerbach Fink, Ph.D. (San Francisco: 1974.) Pages 41 and 43 provided the data but this book contains a good deal of other useful material about parental attitudes.

may be excessive. There is an increasing number of single parents noted by our agencies and others. It can be claimed that the single parent without child care who must work or take training may have a greater need than the economically disadvantaged two-parent family, especially if one of those parents is in the home and able and willing to provide care and supervision for the child or children.

The whole question of priorities is fraught with problems in that it reinforces our insistence on the availability of such quality services as all children may require, regardless of economic status. As George Hoshino, writing in the Summer 1974 Public Welfare, suggests, "...if social services were social utilities, we could get away from the need to individually select users of services...." Hoshino says service workers and professionals could then avoid the dilemma they now face: the essence of fairness and justice is procedural regularity but the essence of professionalism is the capacity to exercise judgment without undue limits imposed by procedural constraints.*

We especially favor the specific wording of the fee schedule language in Sec. 106, and the provision for monitoring and evaluation in that Section.

Project Applications

The League's Board of Directors, after careful and lengthy consideration, took the following position regarding funding for any for-profit operations through such legislation as is proposed here at its last meeting: "...enough is known about the poor performance of most for-profit children's services to recommend that no public money be provided to for-profit organizations through child and family services legislation."**

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* "The Pursuit of Justice in the Social Service State," Hoshino. See especially pages 65 and 66.

** Minutes of Dec. 5, 1974, CWLA Board of Directors meeting.

We should point out that this position was arrived at only after careful examination not only of evidence gathered by researchers outside the League, such as the National Council of Jewish Women's national survey, Windows on Day Care, an intensive study of profit-making operations in New England*, but also individual research and investigations by a variety of persons.

In addition, the League carried out an extensive Study of the Expansion of Day Care in the U. S. which was aimed at evaluating the role to be played by the for-profit operations. The results of that Study, funded by the League and five foundatfons over more than a three-year period, in the form of selected publications reflecting our findings, are attached as Appendices.

In brief, we found the same patterns of low-quality, questionable care that have emerged in nearly every instance where for-profit interests have gone into the human services area. Whether in blood banking, methadone maintenance clinics, nursing homes for the aged, hospitals, correspondence schools, child care institutions or group homes, or day care, it has been the same.

We commend the Appendices to you. Perhaps at a subsequent hearing you would want us to discuss at greater length our findings and recommendations. For now, we can only repeat our Board's position: no public money should be provided to for-profit organizations through child and family services legislation.

Our comments on parental involvement, fees, and the like are noted above.

Federal share

We would like to see Federal funding remain at 90%. As in the President's Budget, we have noted an increasing tendency to shift the spending from the Federal level. We believe that the Federal share should increase.

* Corporations and Child Care: Profit-Making Day Care, Workplace Day Care, and a Look at the Alternatives, published by the Women's Research Action Project, Box 119, Porter Square Station, Cambridge, MA 02140. This 74-page publication found that profit-making centers provided mediocre care for children, charged high prices to parents, and paid low wages to staff. It may be obtained by contacting the address above or by writing the Child Welfare League.

Federal Standards for Child Care

We believe that the Federal standards should be uniform for every program receiving Federal funds, whether through tax deductions, income disregard, or vendor payments. The 1968 Requirements should govern, with additional language to assure that in-home care meets appropriate standards, such as those of the Child Welfare League or the National Council of Homemaker-Home Health Aide Services. In addition, specific requirements for the group care of children under three should be stipulated by the Congress in the legislation.

Staff-Child Ratios for Infant Care

The League is well aware of the controversy surrounding the matter of infant day care. We vigorously support any infant day care that not only helps infants but does them no harm. In taking this position, we are aware that there are many well-intentioned people who disagree with us. We are pleased, however, that the Congress has repeatedly recognized the need for infant care to be of high quality. Despite the unfortunate provisions in this regard contained in the recently enacted Social Services legislation, the new Title XX of the Social Security Act, we believe that the outstanding leadership on behalf of decent day care standards will eventually carry the day for children.

We recall the outstanding bipartisan leadership in the Senate in 1972 which resulted in the passage of a child development bill with a decent child-staff ratio for children under two mandated. We must commend, among others, Sen. Walter F. Mondale of Minnesota for his leadership on that occasion.

More recently, despite substantial problems in wording caused by the legislative gremlins which led to national confusion, the House passed legislation which required decent child-staff ratios for infant care.

On both occasions, the League research and experience was utilized to support high-quality care. Today, we once again call for the following ratios and group size requirements to be written into law:

> On page 42 (House print), line 10, after the date "1968," insert the following:
>
> "Provided, however, that in the case of group care facilities, the ratio of caregivers to children under two shall not be more than one to two, such care to be provided for in groups of not more than four."

That is the language which passed the Senate on June 20, 1972. Subsequently, because there was no specific language pertaining to group care of children ages 24 months through 35 months, the League decided after substantial investigation into research and other data to stipulate requirements for children 24 through 35 months of age. The Board of Directors voted to recommend in regard to this legislation and the 1968 Federal Interagency Day Care Requirements that the ratio of caregivers to children two but under three shall not be more than two to five, such care to be provided for in groups of not more than five.

Consistent with that position, we ask that the new language proposed above be supplemented by adding the following phrase:

> "groups of not more than four, and that the ratio of caregivers to children age two but under three shall not be more than two to five, such care to be provided for in groups of not more than five."

We purposefully do not attempt to derive fractional ratios; a ratio of one adult to every 2½ children in this age range could be widely misinterpreted.

The Rationale for the Ratios in Group Care of Infants

The one person best equipped to discuss the rationale for our position, at least from the professional, research viewpoint is Sally Provence, M.D., Professor of Pediatrics and Director of the Child Development Unit, Yale Child Study Center, New Haven, Connecticut. Dr. Provence planned to present her statement with us, but scheduling conflicts made it impossible for her to be with us today. She asked me to present her testimony for her, along with a number of extremely important Appendices, and to express her regrets to the Committee. Her testimony follows.

"The testimony to follow is based upon clinical and research experience in regard to the development of young children over a period of many years. Most immediately relevant to the present testimony is the last period of seven years during which I have been responsible with help from colleagues for conducting early intervention programs, including a day care program for children from the early months of life through age five years. My involvement has been not as an occasional visitor but as a planner, observer, and evaluator of the programs and as the person responsible for solving problems that came up in the daily work with children, parents, and staff.

I heartily subscribe to the Child Welfare League's position in regard to the ratio of adults to children. Infants not yet walking are dependent upon adults to provide what they need. First of all they require care from persons who not only know what is important or necessary for their well-being but also can respond appropriately to the signals from the infants about their discomforts and immediate needs. In the beginning many of the emotional and social needs of babies are taken care of along with their being fed, bathed, dressed, changed, lifted,

and put to sleep. As they grow during the first year, while these bodily needs are still central to their well-being, they are ready for and benefit from a larger number and variety of experiences as long as these experiences are anchored in a solid relationship with the maternal figure. If a large part of this experience as well as the physical care and protection of the infant is provided outside the home in family or center day care by persons other than the child's own parents, it is incumbent upon the system to insure that the care is adequate and beneficial, not harmful. It is difficult enough for one caregiver to respond to the developmental and bodily needs of two infants who, indeed may need to be fed or changed or made comfortable or talked to or provided a play time at the same time. To have the responsibility for more than two places an impossible burden on the caregiver and guarantees that some child is going to be shortchanged. When this goes on day after day, a situation of chronic stress occurs in which even the sturdiest of infants is regularly taxed beyond his limited capacities for coping with stress, and his development is interfered with in one way or another.

As infants enter the second year and become toddlers, what they need from adults differs in some respects from their needs in the first year, but adult presence and involvement are not less vital. The toddler's increased activity and striving for independence and competence, his necessity to achieve control over his sphincters, to gradually modify his egocentricity and to begin the long task of controlling and channeling his impulses, require adult support and guidance. Similarly, his personal and social relationships as well as his curiosity and eagerness to learn about and deal with the world cannot be accomplished without substantial help from understanding adults. One adult, no matter how talented and durable, cannot provide those important ingredients for more than a few minutes' time with three or four or five or more such young children. Feelings are

intense, needs are immediate, capacities for hurting oneself or others are expanding. In such a situation it is not only that support for good development is not adequate. More than that, the nursery becomes a confusing and frightening jungle. Such a scene is a disservice to young children, to their parents and ultimately to their community, for not only does such a situation interfere with the child's realization of the individual and unique potentials with which he was born. His participation as a well-functioning member of a family and of a larger society is markedly hampered by such experiences. The second and third years of a child's life, while delightful, rewarding and expansive in many respects, are tempestuous and stressful even under good conditions. If he is ill cared for, if his environment is not geared to his most important developmental needs, at the very least he will be unable to realize his potential and at worst he will be programmed for failure either in his cognitive or in his emotional life and/or in his social adaptation.

In our present society when stresses upon families are greater than ever before, and the supports provided by extended families, neighborhoods and social groups are fragmented and unsustained, the tasks of rearing children well are indeed enormous. The widespread need for parents to be assisted with tasks of childrearing is a fact, not a theory. Nowhere is that need more crucial and urgent and long-term implications more relevant for the society than during the early years of the child's life and during the early phases of the development of parenthood. Families and young children at unusual risk (e.g., one-parent families, poor families, families with one or both parents mentally disturbed or physically handicapped, children with biological vulnerabilities) are traditionally and unquestionably in need of services and supports. However, the important services

for young children and young families are by no means limited to the high-risk groups. Many families in which both parents are self-supporting, well-functioning individuals and whose children are healthy also need not only sound advice for childrearing but tangible services as well. While the needs of the children of well-functioning families may be a long-range rather than immediate goal, the need exists and will one day have to be acknowledged and planned for. Varied and individualized services delivered directly for infants and young children and both tangible and psychological supports for parents in the multiple and important tasks of parenthood are essential.

The attached documents contain material relevant to the care and nurturance of the very young. They are not written from the point of view of what the country is ready to afford economically nor what might be realizable social policy at the present time. They also are not written, however, from what might be theoretically ideal in order to optimize the child's development. They speak to the rationale, principles and problems involved in creating substitute care programs for the very young and their parents, bearing in mind that the intent not only is to help but to do no harm. For us as individuals and for our government to fail to act in accordance with our best current knowledge about what improves the development of children and the quality of their lives is a copout that can only damage them further. Equally serious is to set up, institutionalize, and ossify programs for children which, again according to the best current knowledge, are likely to be harmful. If necessity forces us to start programs we know to be far from adequate for children, this is excusable and tolerable only if tied to that beginning is a plan for continuous monitoring and improvement that moves us toward experience, program, and situations for the very young which do indeed support their development.

Peter Neubauer's paper on Issues in Early Day Care is a succinct summary of the major reasons why many of us in the field are concerned about inadequate care. Audrey Naylor's Position Paper on Day Care (not yet published) is a chapter from a forthcoming book on day care which reports on our work at Yale. I heartily support the statements and position she presents. Two of my own papers include details and recommendations derived from years of work. All four items are attached as Appendices to this statement."

Operators' Views of Day Care Standards

Our agencies also have a very clear idea of what they want in terms of quality. As Mrs. Ellis says:

" We in Stamford are concerned with the maintenance of a high-quality educational component within the day care environs which challenges and stimulates the young mind. The idea of a 'mind-numbing' custodial program is abhorrent to us. As a result, we have striven to retain a teacher-child ratio of 1 - 7 for four's and five's and a ratio of 1 - 5 for three's in order to promote a closer relationship between teacher and child , vitally essential in a caring environment. Less than this number of qualified staff in our opinion cannot provide even good custodial care. With today's active youngsters, who are all over in a flash, there must be enough staff to assure the safety and well-being of every child at all times. It is well to note that today's preschoolers function under excessive pressures, which in some cases prove to be beyond their coping ability. Thus, we have early intervention. Quality day care which includes parents as partners and a professional staff is expensive. But we believe that American children deserve this financial expenditure. Stamford enjoys active and viable parent involvement. Our work with parents is an enriching experience.

"Feedback from public and private schools indicates that the children who have had day care or Head Start experiences progress rapidly in academic, social, and communication skills. They have an enthusiasm for learning. We note mounting requests for infant day care services and after-school programs.

"One of the real needs in the field is for people who are capable administrators. The profession needs persons who understand fiscal management; who have the mental ability, experience, and emotional stamina to work with committees, within the governmental framework of their particular program; to work closely with parents as team members, to assure that parents are actually involved in policy decisions which affect their children, and to see that parent gains are carried forth into the larger community, beyond the day care experience. They must be able to work with staff so as to assure that they are responsibly carrying out written and unwritten job assignments, to assure that staff is responsive to individual as well as group needs. As they plan and implement exciting preschool programs which include a potpourri of day-to-day activities, staff must gain and maintain community respect and support."

We question stipulating at this time, another extensive and expensive process of writing Federal Standards, given the experience with the OCD project that culminated in the publication of Guides for Day Care Licensing. A more usable and sounder guide to day care licensing was developed with no public funding of any kind under the auspices of the Day Care Alliance of the National Council of Organizations for Children and Youth. That product, inserted in the Congressional Record for May 6, 1974, by Sen. Walter F. Mondale, is attached as an Appendix to this statement.

We vigorously applaud the requirement that Congressional committees have approval power for any new Standards which would replace the 1968 Requirements.

Uniform Code for Facilities

We believe this to be a difficult project at best, given the confusing welter of local land use, zoning, and building codes. We recommend that a closer look be given to this Section before enacting it.

Program Monitoring and Enforcement

As noted above, we find this to be one of the finest features of this bill.

Criteria for Fee Schedule

As noted above, we heartily approve of this provision.

Title III

We prefer the Senate version, because we believe mortgage insurance would largely benefit for-profit operators. We caution against experimentation with vouchers under either version of Title III. We also remind the Congress that despite large research expenditures our opening paragraphs dealt with the lack of basic data regarding child care arrangements.

Title IV

The League views the House language, with its specific mention of the Child Development Associate approach, with concern. HEW plans for the program have been monitored from the outset by the League. Still we--along with major national groups from the fields of education, home economics, and child psychiatry--remain unconvinced of the worth of the approach.

Our enthusiasm for training, technical assistance, and planning expenditures is somewhat limited. As our member agency executive remarked above, we want "to assure that less money is spent at the top and more in actual services to the people." We believe that generally research utilization has not been adequate and that better use of what we already know with minimal new expenditures will have better results.

Definitions

We would prefer to see "child" defined in such a way as to assure that there can be no break in services. Some persons under 18 require services from 15 through 17, particularly those with emotional and physical disabilities.

Additional clarifying definitions should include a definition for "non-profit" and "family day care home" which does not inappropriately limit participation.

Conclusion

We would like to close by voicing our hope that our sincere concerns for decent child care programs will assist you in arriving at your final legislative decisions. You will affect the lives of millions of young children and their parents. The need for additional child and family services--especially group, family, home-based, infant, and school-age day care--is well-documented. Large numbers of mothers are in the labor force or training to enter the work force. We also need to work for programs that do not limit human services based on family economics--need for these services knows no financial boundaries. People of varying ethnic, socioeconomic and religious groups must live, work and play together. Business and industry also gain in productivity and performance when parents are content with their child care arrangements.

It is our hope that a new kind of accounting--based on needs and human priorities--will begin to come forth. All of us need to remember that communities will survive healthily only if people, especially our youngest people, survive and develop healthily.

In calling these hearings and continuing the fight for the kind of comprehensive child and family services so many millions need, we know that you realize that survival is the issue. We commend your continuing efforts on behalf of decent legislation and pledge our support for your work.

We thank you for inviting us to present our Statement and to continue, with you, the task of forging legislative remedies to meet the needs of all the Nation's children and families.

(APPENDICES SUBMITTED AS PART OF THE STATEMENT ARE LISTED ON THE FOLLOWING PAGE.)

February 21, 1975

57-649 O - 76 - pt. 2 - 4

APPENDICES SUBMITTED* AS PART OF THE STATEMENT OF THE CHILD WELFARE LEAGUE OF AMERICA TESTIMONY

Appendix I - CHILD CARE ARRANGEMENTS IN THE UNITED STATES IN 1974: A "GUESS-TIMATE," by William L. Pierce

Appendix II - "Child and Family Services Act--1974," by William L. Pierce

Appendix III - CHILD CARE PRINCIPLES (of the Child Welfare League of America, Inc.)

Appendix IV - "Power, Profits, and the Preschool 'Market,' " by William L. Pierce

Appendix V - "Day Care Services: A "No-Quality" Future?", by William L. Pierce

Appendix VI - The League's Study of the Expansion of Day Care in the United States: Summary of the Final Report, by William L. Pierce

Appendix VII - "Early Intervention: Experiences in a Service-Centered Research Program," by Sally Provence, M.D.

Appendix VIII - "A PROGRAM OF GROUP DAY CARE FOR YOUNG CHILDREN," by Sally Provence, M.D.

Appendix IX - "ISSUES IN EARLY DAY CARE," by Peter B. Neubauer

Appendix X - "A Position Paper on Day Care," by Audrey K. Naylor, M.S.W.

Appendix XI - "MODEL STATE DAY CARE FACILITY LICENSING ACT," Sen. Walter F. Mondale

*Because of the length of the Appendices, copies have not been attached to each copy of the League's Statement. One copy of each Appendix has been provided to the Committee staff. Persons wishing to obtain Appendices should contact the League.

APPENDIX II

Child and Family Services Act — 1974

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Under the title *Child and Family Services Act of 1974*, bills were introduced in the Senate (S. 3754: Mondale, Javits and 21 others) and in the House (H.R. 15882: Brademas, Hansen and 60 others) on July 11. They are essentially child development bills, emphasizing "family" in their purposes, as well as by the voluntary nature of services provided. The authorization levels are as follows: Fiscal Year 75-$150 million; FY 76 – $200 million. If Project Headstart funds are appropriated, then FY 76 would be $500 million and FY 77 would be $1 billion. If Headstart funds are not appropriated, authorizations would total $350 million and are limited essentially to training, technical assistance and planning.

TITLE I: Establishes in law what is currently the Office of Child Development but calls it the "Office of Child and Family Services." Authorizes wide use of funds for child development and day care as well as family service programs. Sec. 102 (b) (2) (E) authorizes expenditures for prenatal and other medical care "designed to help reduce . . . the incidence of mental retardation and other handicapping conditions . . . ." Earmarking includes: 10% for handicapped; maximum of 5% for model programs; minimum of 5% for monitoring and enforcement; maximum of 5% for states' programs under Sec. 108. The formula for distributing funds to states is based 50% on the number of poor children, 25% on children aged five and under, and 25% on the number of working mothers and single parents. No population figure is set for prime sponsors so long as sponsors can "effectively" carry out programs. Child and Family Service Policy Committees must be set up by prime sponsors. These Committees must include at least 50% parents, with the remainder appointed by the appropriate chief executive officer of the political jurisdiction. One-third must be poor. If any prime sponsor discriminates, any prime sponsor may be designated to offer services, including for-profit prime sponsors. Sixty-five per cent of the funds must be reserved for poor children, with second priority for children of mothers and single parents.

BILLS DIFFER. The House bill does not provide for the establishment of a fee schedule. The Senate bill, Sec. 106 (b) (7) (3), provides for the establishment of a fee schedule for "children who are not economically disadvantaged . . . ."

Both bills established priority consideration for public and private non-profit agencies and organizations with ongoing child development programs, where such exist. Both bills allow prime sponsors to fund any organization, including for-profit groups.

All project applicants must establish a "parent policy committee," half of whom are parents served by such project and the remainder (subject to the approval of the parent members) representative of the various disciplines concerned with child development and child care.

Sec. 108 provides for special grants to the states, in addition to any funds they may be eligible for as prime sponsors. To qualify for such funds, states must establish a Child and Family Service Council. Any or all of a state's funds under this section could go to any agency, including a for-profit group, to acquire or improve facilities.

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To member agencies (with extra copies for Board Members), associate agencies, Commissioners, Directors, Ministers of State and Provincial Departments of Public Welfare and Child Welfare in United States and Canada, administrators of local departments of public welfare serving cities with populations over 25,000, Deans of Graduate Schools of Social Work, individual sponsors, special subscribers, and contributors.

The Child Welfare League and nine other organizations concerned with mental health benefits wrote a letter to the Subcommittee on Military Personnel of the House Committee on Armed Services on October 11. The statement which pertained to CHAMPUS and to other financing of mental health care recommends that, in establishing appropriate standards for facilities, CHAMPUS consider not only the standard of the Joint Commission on the Accreditation of Hospitals, but also "the standards and accreditation procedures of other organizations such as the Child Welfare League of America." Copies of the correspondence may be obtained by writing the CWLA Center for Governmental Affairs, 1145 Nineteenth Street, Washington, D.C. 20036.

Up to 15% of the funds granted any prime sponsor may be used for grants or loans to public and private non-profit groups for construction, alterations, etc. Not more than half such funds may be provided as grants; loans shall be made at not less than 3% interest and repair within 25 years.

Funds for direct services, beginning in FY 1976, shall provide for 90/10 federal matching. In FY 1977, the federal share shall be not greater than 80%.

TITLE II. Requires HEW Secretary to promulgate the new Federal Standards for Child Care. The 1968 Federal Interagency Day Care Requirements are cited as the model to be used by the Secretary. Either the Senate Committee on Labor and Public Welfare or the House Committee on Education and Labor may veto the Secretarial Standards.

For very young child in care outside the home, Secretarial oversight is emphasized. For violation of Standards, recovery of misused funds is not required but further funding is authorized to be halted. A special committee, including at least half parents, shall help develop the new Standards. A uniform code for facilities developed by a special committee appointed by the Secretary including at least half parent members, shall be developed.

Sec. 203 establishes requirements for Federal program monitoring and enforcement. Five per cent of appropriated funds are reserved, at a minimum for carrying out the intent of this section.

BILLS DIFFER. The House bill does not refer to criteria with respect to a fee schedule. The Senate bill has a separate section, Sec. 205, which includes veto power by the same committees with power to veto new Secretarial Child Care Standards.

TITLE III. Both bills allow for a variety of research, including "research to test alternative methods of providing child and family service," potentially a way to test vouchers as a delivery option.

Both bills provide broad transfer authority to allow expenditure of Federal funds through the new Office of Child and Family Services, perhaps including funds of the Office of Education, Social and Rehabilitation Services, and the United States Department of Agriculture.

BILLS DIFFER. The House bill combines a mortgage insurance provision and research and development in this Title. The Senate bill does not provide Secretarial discretion to set up a Child and Family Services Facility Insurance Fund. The House bill authorizes insurance, not to exceed $250,000 principal obligation, based on 90 per centum of the estimated replacement cost of the property. The House bill includes provisions similar to that authorizing the Secretary of Housing and Urban Development to insure mortgages under Title II of the National Housing Act. Facilities of private for-profit groups qualify for assistance.

The House bill contains a provision, Sec. 302 (a) (8), not in the Senate bill, for "developing methods of determining the needs of individual children in particular areas . . . ."

TITLE IV. On training of personnel for child and family services, the House and Senate bills differ greatly. The House bill writes the controversial "Child Development Associates" approach of the Nixon Administration into law and contains further authorizations of funds for this Title.

TITLE V. This Title contains general provisions, including definitions. The Bureau of Labor Statistics lower living standard budget is used to define "economically disadvantaged children." "Program" includes intervention "in the home." "Working mother" includes any woman involved in "part-time . . . education outside the home." Both bills contain a prohibition aimed at experimentation on children.

Section-by-section analyses of the Senate bill were inserted in the *Congressional Record* for July 11.

APPENDIX III

CHILD CARE PRINCIPLES

There are certain basic principles which should be incorporated in any child care legislation-no matter what its primary purpose may be—whether to improve opportunities for disadvantaged children, to serve as an adjunct to work and training programs for public assistance recipients, to help provide safe care for children whose parents are unable to do so, or to provide developmental services for children whose parents need or want them.

These principles include the following:

(1) The well being of the child should be the prime consideration in child care programs.

(2) Child care programs should be available to all families and children who require them:

(a) Child care should be available to all children in need of such care regardless of the socio-economic circumstance or employment status of the family. (Initially, there should be priorities in providing service for the economically disadvantaged.)

(b) Cost for care to a family should range from free to full payment, depending upon the family's financial resources.

(c) Programs should provide for continuity of care for children irrespective of changes in economic or employment status of parents.

(d) Programs should be available to children on a part-time or full-time basis according to the needs of the child and his family.

(e) The same programs should be available to all socio-economic groups. Children should not be separated into different programs on the basis of the socio-economic or employment status of the family. The establishment of a two-class child care system should be avoided.

(3) Child care programs should be of a comprehensive nature—that is, in addition to providing care and protection, they should make available a variety of services, such as nutritional, health, psychological, social work and educational services, etc. Programs should not be limited solely to physical safekeeping or so called "custodial care."

(4) Standards to insure a sound quality of child care should be established with particular reference to the ratio of staff to children, and to the quality and training of staff. There should be provision and adequate funding for enforcement of standards. Government funds should not be permitted to finance child care which does not meet proper standards.

(5) There should be provision for parental involvement in all child care programs.

(6) There should be flexibility of administration to permit adaptation of programs to meet local needs.

(7) Funding should be adequate to support the needed quality and quantity of child care.

APPENDIX X

Chapter 16

A Position Paper on Day Care

Audrey K. Naylor MSW*

In the introduction to this book we said that our purpose was to describe our experiences in a way that we hoped would help others who are interested in group care of young children. The intervening chapters, regardless of their particular subjects have dealt with how to provide good day care. Thus, the reader may well conclude that our intention is also to endorse day care and to promote the development of more day care services, assuming they are in harmony with our philosophy of child care and education. Instead, if we have had a second goal, implicit rather than explicit, it has been to emphasize the complexity of providing good day care. One of our purposes in this chapter is to present some reservations about what has become an almost evangelical day care movement. An over-all reservation concerns the quality of care children are now getting and will continue to get if services are to multiply as rapidly and extensively as the reputed demands suggest. Therefore, we shall examine some sources of the demand, leading us to question whether the burgeoning of day care is simply a logical and desirable solution to a problem of contemporary life or whether it is, in part, a symptom of our economic plight and a danger to young children. Reservations as well as hopes for the future of day care will be reflected in a discussion of the existing kinds and some of the advantages and disadvantages of each. Then since there will always be need for some day care, we shall discuss considerations in the use of day care for infants and young children with emphasis on

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helping parents make the best decisions possible. What services a quality day care program should provide will be the final topic of this chapter, including a view of day care as a nuclear service.

Why the Pressure for Day Care

We shall not attempt an exhaustive survey of all possible reasons for the current emphasis on day care but simply mention a few of the more obvious ones. An inflationary economy has markedly increased the number of families in which income from two or more and a half jobs is necessary to maintain a given standard of living. Also not only mothers but grandmothers have gone to work outside the home and are not available in many instances to take care of grandchildren as they have often done in the past. The greater mobility of the population often means that there are no extended family members available to young parents for substitute care of children. The trend toward early marriage before completion of education is another factor in the increasing wish for day care. Not only do some young mothers seek it in order to complete their own education but others support the family while the father completes his.

Another source of pressure for day care is the result of the change in governmental attitude toward public support of dependent children. Day care plus training programs have in recent years been seen as eventually lowering the AFDC drain on the welfare budget. However, the inadequacy of most--if not all--welfare grants goads many recipients into trying to "get off welfare" or at least to supplement the welfare allowance through part-time employment, often impossible without a child care plan.

Day care is in great demand today for still another reason. Professionals in social welfare, mental health, pediatrics, and nursing have come in recent years to think increasingly of day care as a partial solution in various problem-laden situations, for example: for children deprived in their home life of the kind of care and stimulation which will prepare them for the demands of public school; for children who are in danger of being abused; for children with special handicaps; for children whose over-burdened mothers need the relief of having them cared for by someone else a part of the day; for children whose relationship to the mother, for whatever reason, is so stormy that partial separation is indicated while work on problems in the relationship proceeds; for young children exhibiting various kinds of disturbances in behavior at home.

Pressure for day care comes, also, from quite another quarter, the women's liberation movement. Since this movement includes heterogeneous groups and individuals, it is not surprising that the expression of needs, wishes, and demands for day care by this segment of the population varies greatly in intensity. There is variation also in the degree to which any concern is reflected as to what is good for young children. Some young mothers, whether or not they would identify themselves as "women's lib" proponents, seem honestly to believe "the experts" are saying a group experience as early as age two is vital to the later social adjustment of children. (We will have more to say about this later.) Other mothers, often career women before motherhood, seek full or part-time day care because of the need to augment family income and/or because of a wish to keep a hand in their profession. Some in this group are motivated not entirely by either financial need or career interest but by quite accurate appraisal of their own capacity for mothering without the stimulation of other activity.

They reason--often correctly--that with part-time relief from child care, they become better mothers. Some in this group appear not to be convinced of their unique importance to their children. They do, however, seem to be concerned with their rights as intelligent individuals having potential for many kinds of self-development. They argue with a good deal of validity that our society has been shamefully wasteful of its resources--wasteful in not so organizing social services as to make it possible for a woman to develop and use all of her capacities--not simply those of homemaker.

The most militant voices on the subject of need for day care are saying something like this: Day care during any part of the day or night for children of any age is the right of every parent. As a statement about options which should be available to all if available to some, this is a proposition with which it is difficult to disagree. However, many complicated issues are involved. To mention only one or two, such statements by omission imply that the only right to be considered is not the child's right to care that will promote his healthy emotional and intellectual development but the parents' right to turn child-rearing over to others. Such statements reflect no awareness that the kind of care and experience children have in the early years influences the kind of adults they become. The "women's lib" statements about parental rights to day care which we have seen do not come to terms with the issue of <u>who is</u> to care for children of "liberated" mothers. The answer implied--one we reject out of hand and hope others will too if they care about children--is that child care shall be turned over to the least competent people in our society, those who have the least capacity to nurture children and provide them with experiences that promote sound development, while others more highly endowed with talents go out to do work that is "more important." What a grievous error!

Our society will probably be spared the universal use of substitute child care one conjures up on hearing the more militant demands for day care or on reading some views of the future. We will be spared simply because many--if not most--parents still prefer the do-it-yourself plan, especially while children are young. This preference may reflect realization that surrendering the care of their children to others for long periods each day also surrenders a significant degree of parental influence in their rearing. Regardless of personal preferences, however, we will not be spared more substitute care than is good for children until mothers are not forced to work because the family can't live on the father's wages and until children without fathers who can be induced to support them are decently supported by all of us. Yes, the option to use day care should be available, but perhaps our priorities are confused if we place the right to day care ahead of the right of a family to an income they can live on without the mother working unless she chooses to. Are more and more day care facilities the answer to a social problem, or is the increasing demand for day care mainly the symptom of an economic problem?

Regardless of how one answers the question posed above, there will always be some real need for day care and some exercise of the option to use it whether needed or not. Therefore, we present next a discussion of various kinds of substitute child care, with comments as to their respective advantages and disadvantages.

Types of Day Care

Those of us involved in day care at Children's House have had direct experience in conducting only one type, probably the most widely used of the

57-649 O - 76 - pt. 2 - 9

formal substitute child care plans at this time--the day care center. However, there are a number of widely used arrangements both formal and informal, some of which have existed for many years, some of which are fairly recent developments.

The family day care home: Informal arrangements known to serve more children than day care centers are those made between individuals, between a parent and an extended family member, a friend, or acquaintance. Less informal arrangements sponsored in some communities for a good many years ~~by public child welfare agencies~~ through a system of either voluntary or mandatory licensing of day care homes, is now becoming more common. Licensing is sought by the mother who is home with her own children and wants to augment the family income by caring for several other children. Usually no responsibility for ongoing supervision is involved but only the kind of surveillance involved in processing an annual renewal application.

Licensing implies that a representative of an official agency has measured the day care family's resources for day care against whatever standards are applicable--such factors with respect to children of different ages, as kind and amount of safe space for indoor and outdoor play, kind and amount of appropriate play equipment, health of family members, ages and needs of family children, the day care mother's interest in and knowledge of the characteristics and developmental needs of children of various ages, her proposed program of activities for her own children and day care children. Licensing also implies that a judgment has been made--whether astutely or not--about the day care mother's general ability to provide good care for someone else's children. This includes assessment of the mother's family

responsibilities, her general level of energy and her personality characteristics. The license if granted sets limits as to the number and ages of children who may be cared for.

Presumably licensing which is purely voluntary is sought because it is considered a kind of recommendation to the parents seeking day care. However, very little more is known about the quality of care given in the licensed day care family than is known about the quality of care and arrangements between friends and relatives. The license implies that certain judgments have been made by someone presumably trained to make them, but the mother electing to leave her child with a neighbor or relative presumably has also made some judgment about the person's suitability; and if the selected person is well and favorably known to the child, his greater comfort with her than with a stranger might well offset some deficiency in play space or equipment. Except for such objective factors as space and equipment, assessment of qualifications for child care in the absence of a good deal of observation is a highly subjective process even for the well trained person, and its value varies with the astuteness of the person making the judgment. Perhaps the most definite benefit to children is the limit licensing places on the number and ages of those who may be accepted for day care. We believe, however, that no general conclusion can be drawn as to whether entirely informal, private arrangements are less likely to provide good care than those involving licensing. Nevertheless, for the parent with no relative or friend to call upon, the licensing system may at least provide a list of those whom she can approach, reserving of course the right to make her own assessment.

The group day care home: Another type of day care facility that has existed for many years is the private "business," operated often in the home of the director, who is licensed to accept a larger number of children than the day care mother and employs one or more assistants. According to federal requirements which apply to those facilities in which children are supported by federal funds, no more than 6 including own children may be cared for in a family day care home while as many as 12 may be cared for in a group day care home. There are local variations concerning the standards which must be met and the amount of contact between licensing visits to insure that standards are maintained. Most licensing agencies, however, do not have enough personnel to provide ongoing supervision even if legislation permits it. In addition, legislation providing for mandatory licensing often does not include specific penalties for operating without a license or for failure to make changes necessary to meet minimum standards. While licenses can be given on a provisional basis and even revoked for failure to meet standards, there is a tendency to continue the provisional license and not to close down a private business that is much in demand. Our experience leads us to believe that good day care for children in groups is costly, even when the standards met regarding staff qualifications and staff-child ratio are minimal. Thus, when the modest fees most parents can afford are the only source of income, it seems to us highly unlikely that one can make a profit in proprietary day care if the program of care and education is a good one. It is, of course, possible that some good proprietary programs exist in which the motive is not to make a profit but to keep busy at work the director enjoys.

Parent cooperatives: Also in the private sector of day care arrangements but without profit motives are the recently emerging parent cooperatives, sometimes organized informally by a group of young parents who happen to know one another or are brought together by common need, sometimes under the aegis of women's liberation groups, sometimes as a part of communal living plans. In communal plans, child care is simply one part of the work to be done which group members share, though often with tasks differentiated according to talents and interests. Some of the women's liberation sponsored day care plans are based on hiring little if any personnel and instead staffing the program almost entirely with parents who use the service. This kind of program differs greatly in one respect from the traditional parent-cooperative familiar in nursery school organization--aside from the fact that all-day care is vastly different from nursery school. It is that the mother and father often must share equally in earning their own child's care for a given number of hours a week by working in the program for a specified number of hours. This system reflects the growing trend among young people toward sharing equally the responsibilities of parenthood and freeing the woman for greater participation in activities other than child care.

All of these parent staffed plans stimulate admiration for the attempt the sponsors are making to work out their own problems. Their efforts are noteworthy especially at a time when strident voices are being raised in some quarters demanding unlimited free child care as the right of every parent. In spite of our enthusiasm for the concept of self-help, we have several concerns about the plans described. We are strongly biased in favor of the idea that when adults have a fair degree of capacity to be parents, young children do best when cared for mainly by them. Therefore, it may seem inconsistent that we do not have unqualified enthusiasm for plans which insure

more parent care than any other type except that within the conventional family. Multiple parent staffing, however, is not a guarantee of good care even if each participant is a good parent. The capacity to be interested in and to give good care to one's own child does not, in itself, insure that one is interested in or capable of giving good care to other people's children. Most important, however, is the fact that such plans mean there is very little consistency of care possible. In the course of just one day the child is likely to be subjected to frequent changes in the caregiving person; and it is difficult to see how two successive days would be the same with respect to staffing pattern. With such a parade of adults in and out of the child's day, there is little chance for him to form a relationship with one or two consistent adults as his special caregivers, adults who are always there, who become in time not replacements for parents but reasonable enough facsimilies to make bearable the time until reunion. Thus, two of the important elements in a child's handling of separation--knowing what to expect, knowing "the routine" and having someone special to count on--are missing in a program staffed by many parents each working in it a relatively small amount of time. This kind of arrangement is much harder on the young child than some of the informal arrangements made by two or three mothers to regularly exchange child care services within one another's homes. Each child has fewer other children to cope with, fewer adults to relate to, and fewer changes in the overall gestalt to encompass--all of which factors can contribute to his more quickly feeling some degree of security during his mother's absence.

Another concern which we shall only mention and not enlarge upon has to do with the fact that even with a favorable adult-child ratio, caring for children in groups is quite different from caring for a number of one's children within the family. The question then arises as to whether anyone

within the parent group has the special knowledge, skill, and leadership ability necessary to plan and carry out a good program of group care and education.

What the status of parent-cooperative day care centers is with respect to licensing is not clear at this time.

Public day care: In contrast to day care and the parent-cooperative is public day care not operated for profit, usually partially if not largely supported by public funds and sometimes partially by charitable organizations and foundations. Often funding is tied to licensing, and this can be a good arrangement under certain conditions. First, the standards required for licensing need to be consistent with sound child development principles. However, the standards should not be so rigidly applied as to be unrealistic. Priorities need to be established as to what standards must be met at once and which may be regarded as goals to work toward. Deficiencies need to be made clear and ways of remedying them suggested. Those charged with licensing responsibility, therefore, need to be not a kind of police force but rather knowledgeable and skillful people whose responsibility is not to "pass or fail" the applying center but to help bring practices into conformity with standards. Those responsible for licensing should be able to act as consultants, suggest other consultants when appropriate, and allow time for change to take place, while pursuing the objective of excellence in child care.

Because the public day care center is supported by public funds and thus is dependent ultimately both for funds and licensing on willingness to work toward compliance with standards, it may offer parents the most assurance concerning quality of care. There may be some safety simply growing out of the fact that a given center serves more children than any

one family day care home and usually more than any one private day care facility. Thus, there is opportunity for a larger number of parents to meet, to share their reactions to the center's policies and practices and, if necessary, to support one another in making their reactions known to the staff. The very fact of public support suggests that what goes on in a center is the concern not only of the staff and of the parents using the service but of the community. The center supported by public funds, therefore, usually has a board of directors on which there are parents, and often there is a professional advisory board as well. All of these factors add up to a situation in which the policies, practices, and general quality of the program are more visible, are subject to more scrutiny than is true of any of the other types of day care mentioned.

While greater visibility and dependence on public funding can influence the quality of the program, the reality is that we are going through a period of expansion in day care in which many such centers do not yet provide really good care and education. Often this is not because of disinterest or unwillingness to do so but because of various limitations within which the centers must function, limitations especially of money but also of well trained personnel at all levels. Standards are thus still minimal with respect to staff qualifications and staff-child ratios. If money were suddenly available to hire enough staff with appropriate qualifications, there would not be enough trained people in the country to fill the positions. However, parents who desperately need day care may not feel they have the luxury of looking too closely at the center's program. Indeed, if licensing agencies were to close centers for anything but flagrantly bad care, there would probably be a flood of angry protests from those who want the service. Anyone who is aware of the acute need of some parents for day care but is

equally aware of the needs of young children is bound to feel conflicted about the increasing use of day care without proportionate increase in the quality of care.

As within the private centers, then, the policy of licensing agencies is usually to be patient, to work with staff toward general conformity with minimum standards, allowing time for training to take place on the job. We are not suggesting that a different policy should be adopted. As we have visited some day care centers and served as consultants to others, we have been most favorably impressed by the high degree of commitment to children and the really valiant efforts being made on their behalf under appallingly difficult circumstances of limited physical space, lack of equipment, shortages of staff, and unfortunately, lack of sufficient knowledge of what is good care and education for children of various ages. Such devotion ought to be supported in every way possible. However, we must not delude ourselves into thinking that hard work and good intentions, in themselves, result in good day care. While we are not suggesting that licensing agencies should adopt a different course of action, neither do we share the current enthusiasm for day care, enthusiasm which mounts in some quarters almost to insistence that public day care is "the right" of every child, insistence which seems to imply that the child without day care is a deprived child.

Our lack of enthusiasm is based partly on the reality that in the foreseeable future most day care is not going to be good child care. It is based also on the conviction that day care is being oversold, is increasingly being referred to as if the best place for a pre-kindergarten child to spend his waking hours is in a day care program. We feel strongly that professional people who know day care "from the inside" have a responsibility

to speak out about the dangers to children which we feel are implicit in the present situation--to speak out not only to other professional people but to parents and to those who are interested for any reason.

New developments in day care: Earlier in this chapter traditional family day care was briefly described as a long standing form of substitute child care more frequently now given official recognition through licensing. In recent years due to pressure for day care and perhaps due also to a political climate in which employment and day care placement of young children have been urged as an alternative to AFDC, efforts have been made to expand family centered day care. Some public welfare agencies have recruited day care families from among their AFDC caseload as a way of solving two problems--employment in day care for some and additional day care facilities for other AFDC mothers. Also some private social agencies such as family service societies have been active in recruiting day care foster mothers and offering training programs and supervision. Assuming that the quality of training and supervision is good and that the agency continues to be responsible for the quality of service through continuing observation of it, such a program of expansion of day care appears to be one of the more promising developments.

An even more promising development is that in which a well established day care center expands and varies services by recruiting family day care mothers in its immediate neighborhood. Such a plan offers excellent opportunity for training by bringing the mothers into the center, caring for their children while they are being trained not only through course work but through actual work in the center. This arrangement may--depending on the center's facilities--make it possible for the children in the various family day care homes to come to the center on a rotation basis to use outdoor play space and equipment

possibly not available in the day care home. The center, too, can serve as a kind of storehouse of books, records, toys and other materials which circulate among the day care homes. The family day care mothers may also be recruited as employees of the day care center rather than as individual entrepreneurs. Such an arrangement would seem to offer opportunity for ongoing quality control, for moral support to the day care mothers, for their continued learning, and gradual professionalization. As we discuss differential use of day care below we shall have more to say about this type and its potential usefulness for certain children.

Considerations in the Use of Day Care--Helping Parents Make Decisions

Those working in many different settings--social agencies, hospitals, clinics, schools--sometimes have occasion to try to help parents with plans for substitute care of their children. For that reason it is important that they as well as those employed in day care be as well informed as possible not only about what kinds of child care are available in the community but about what should be considered in order to help parents make the best decision possible within the realities of their situation and what the community offers. Also, anyone in a position to influence such decisions should have developed a professional philosophy about the ingredients of optimal care of children of various ages as a guide, especially in those situations in which substitute care is not a necessity but an option that parents are considering. Our experience in day care of children ranging in age from a few weeks to five years has caused us to arrive at some convictions we want to communicate to others who may not yet have had direct experience in day care. Sometimes

those who are directly involved, out of enthusiasm for their own programs and knowing themselves to be well intentioned toward children and knowledgeable about their needs, may tend to oversell day care without realizing fully how very difficult it is for young children to be away from their families all day--even from families in which they may not by our standards get very good care.

We began planning the research program with the belief that children younger than about two and a half would profit little from a group experience and would be under considerable stress if asked to spend more than brief periods away from home unless in the company of their mothers. Therefore, we did not plan to offer day care to children in the first two years of life in either Phase I or Phase II. We did, however, anticipate offering day care to Phase II children after age two if it was needed, and if it was not, offering instead a nursery school experience, hopefully with mothers present. In both phases we made exceptions to these plans when convinced of the necessity to do so. Although we encountered more situations than we anticipated in which day care was obligatory, our experience with children under two and a half to three [illegible] our conviction that group care--even under the best of circumstances--is extremely stressful for them; it is stressful also for other children though usually less so.

The day care experience is bound to be different, of course, for each child, depending on a great many variables pertaining to him, his characteristics, his life situation, the type and quality of day care and how all these factors merge into an experience that is or is not supportive for him at a particular time of his life. For this reason, decision making is a complex process which necessitates dealing with the specifics of the

particular situation. After careful study if the use of some kind of substitute child care is mandatory, a decision must still be made--if choice is possible--as to what kind of plan is best for the child in question. When there are no options, one must do the best one can in matching needs with services in the hope the result will be a better situation for the child than is possible without day care.

Before discussing what some of the specific considerations are for children of different ages and stages of development, some general principles are presented which are basic to our thinking about the pros and cons of substitute child care:

> First, we cite once more the basic principle that healthy personality development and learning in the early years is crucially dependent on the nature of the child's relationship to the most important people in his life--his parents--and in the earliest years, more particularly, his mother. If she is away from him for long periods during his waking hours, this cannot but affect the relationship, though in just what way it is not possible to know without detailed knowledge of the specific situation.
>
> Second, unless the home care is actually damaging to a pre-kindergarten child in some way, a shorter period (1-1/2 to 2 hours) away from home each day is better for him than a long period--better for his adjustment to the day care plan and better for his overall development. Before the age of about three, children learn to best advantage within the family, not outside it, again unless the home situation is damaging or lacking in the learning opportunities ordinary family life offers.

Children of three and four with expanding interests and abilities profit increasingly from experiences outside the home if they are of short duration each day. Even five-year-olds are not expected to tolerate being away from home for more than two or three hours of school a day.

Third, adjustment to day care is usually better when the mother can be available to spend some time at the day care center helping the child both with initial adjustment and with later periods of particular stress if they occur.

Fourth, when there are choices about whether or not to use substitute child care and about the kind of plan to be made, such decisions need to be based on data as relevant and as carefully assessed as that which goes into making a diagnostic and treatment plan in a medical or mental health setting. Otherwise one does a disservice to both the child and parent.

The basic premises above guided our responses to applications for admission to the pilot phase at Children's House. As mentioned earlier, we had, for example, a number of requests for admission from mothers of children about two years old based on what they believed to be expert opinion that a group experience for a child of two is vital to his later social adjustment. It was, of course, necessary to make a careful assessment of whether or not the mother was motivated by nothing more than a conscientious if misguided wish to do right by the child. We took the precaution of determining that we were not dealing with a veiled cry for help from a depressed mother, or from a mother harassed by too many demands

on her time and energy, or from a mother needing help for a disturbed child. Then if it seemed instead that the family life offered the ordinarily ~~adequate~~ nurturing and experiences a two year old needs, we advised against even part-time day care or nursery school.

In what follows we shall try to be more specific than is possible through a statement of principles alone about what factors should be considered in decision making about day care for children of various ages and stages of development. It should, of course, be kept in mind that chronological age provides only a very approximate idea of a child's functioning, so that the divisions to follow should be regarded as highly flexible.

The infant not yet walking--the first year

The first principle stated above concerning the importance of the parent-child relationship is one we wish to stress in relation to the early months of life. We do so not because it is more important then than later but rather because the belief is so wide-spread that if a baby is well cared for, who gives the care is not important. "He won't know the difference." Yet careful observation by trained observers tells us that no later than three months of age (often earlier) an infant is capable of reactions indicating discrimination of the mother from other people. No later than eight months he shows definite preference for the mother and brief distress when she leaves him. By nine or ten months he is beginning to have an elementary idea of the continued existence of people who disappear from sight, but it is a long time, usually not until about eighteen months, before he can comfort himself and then only very briefly with the idea that his absent mother exists and may return.

A relationship, of course, requires two people, and thus far we have spoken only of the baby. However, the mutual adaptations, the "reading" of cues, the getting to know one another which are the manifestations of a developing relationship--all begin in the earliest weeks of life. Absence from one another during fairly prolonged periods of each day necessarily interferes with this process. Because of the resiliency of most infants, a slowing down in the process of attachment need not lead to disaster, though anything which interferes with the process should be avoided if one wishes to optimize development. There is fairly widespread acceptance of the idea that older children going to nursery school or kindergarten usually experience a separation problem. Unless the problem is severe, it is usually viewed favorably as an indication of the child's healthy attachment to his mother. If we really believe that strong attachment to benevolent parental figures is of crucial importance in a child's development, then we need to recognize at what point in his life the building of that attachment begins. It begins with the start of their life together.

To mention just one possible specific delay in a child's development as the result of the mother giving little of the daily care: it is a common finding in clinical child development that language is often delayed when an infant's early vocalizations are not responded to by the mother, when she does not smile at him, repeat his babbling, talk to him, with all of the pleasure and emotional intensity the ordinarily devoted mother gives her baby. Conscientious attempts to duplicate attentive and pleasurable reinforcement of language in day care do not, in our experience, achieve as much as quickly as does the average mother. While we have no proof as to the reason, it seems to us a safe speculation that

the reason for the difference in result is this: regardless of how devoted and conscientious the day care staff member may be in her efforts, or how fond she may be of her young charge, it is highly unlikely that there is anything like the intensity of emotional involvement between them that exists between a mother and her own baby. (This is not to say that all babies receive such stimulation at home or that for some babies day care would not offer far more in this and every other way.) The relevance of the foregoing discussion is, of course, that the first 10 or 12 months of life is no better a time for a child and his mother to be separated from one another than are later periods of early childhood. But it is a period during which the unfortunate effects of separation may be difficult to see, a fact which perhaps makes the situation easier for adults to tolerate.

Assuming that there is no possibility of avoiding some kind of substitute care during the first year because the mother must work, there may still be the possibility of influencing her decision as to the length of time she is away from her baby each day. Perhaps she can work less than full time. Another mother may need to be helped to turn the care of her baby over to someone else for as much of the day as possible because her continuous care--for whatever reason--is not good for the child. In either situation, whether for full or part-time care, a resource must be found. Many mothers whose need for day care grows out of a decision to go back to work never come to the attention of any social agency, clinic or any other official body. As for many years past, arrangements are often made privately and will probably continue to be if for no other reason than that many communities have not been willing to license centers for infant care. This policy was based on research as well as accumulated child care wisdom which

57-649 O - 76 - pt. 2 - 10

suggested that babies did not do well in group settings. Depending always on the capacity of the relative, friend, or neighbor to give good care and on circumstances which allow this, i.e., not too many other children to care for or too many demands on her time of other kinds, private arrangements may not only provide good care for the baby but be the most convenient for the mother. However, from our pilot group mothers' experience with such plans before applying to Children's House, we have reason to believe that one disadvantage of private arrangements is that they tend to be of short duration, thus subjecting the baby to a succession of different caregivers. This is just as undesirable for the four month old as for the four year old, but as suggested in regard to the separation of mother and baby, the adverse reactions of the baby may not be as obvious.

It is possible that the disadvantage of instability in private care can be overcome in time by the growing trend in the direction of agency recruited and supervised day care homes. If such services were available and visible in a community at a moderate fee, many parents might choose them over private arrangements. There is also a strong trend--whether for better or worse remains to be seen--toward granting licenses to public day care centers for care of infants. Assuming such a facility was available, what might either a mother or someone advising the mother need to know about it? What should the director of such a service be prepared to say about it? As a basis for answering these questions we present some background information.

Infant group care. It is usually easier to provide good group care for children who are not yet walking than it is to do so for toddlers. There are many reasons for this, one of which has to do with the sheer physical exhaustion most adults experience in keeping up with toddlers.

Also, it is easier to find staff who "get along" with babies, people who find the dependency of early infancy appealing as opposed to the growing assertiveness and "into everything" characteristic of children able to get about independently. In addition, it is easier to find staff--if they like taking care of babies--whose natural way of playing with and talking to babies is good for them--easier, for example, than finding people who deal wisely with the emotional storminess and lability of the toddler. However, the very dependence of the baby which makes him appealing to many also makes it easy to overlook his needs in the face of other demands unless the staff are knowledgeable about how to promote his development and have a strong wish to do so. The baby who is not yet walking can be left in his crib or playpen too much, he can be given toys but in a mechanical way--not helped to use them, he can be left alone too much with no one to respond to his social overtures and to his beginning vocalizations, he can be bombarded with stimuli, he can be left wet and hungry beyond any reasonable length of time, or he can be the victim of untold other "crimes." No matter what is done against him or what is not done for him, he can do little to protest but cry and in time he may not even do that. He may, in fact, retreat into apathy or excessive sleep, welcomed by overburdened or unknowing or uncaring staff who do not perceive the excessive sleep as a symptom. He may, of course, develop more troublesome symptoms, inability to sleep, prolonged crying, frequent vomiting, diarrhea, a severe rash, any of which may arouse some concern but not necessarily be thought of as due to care that fails to be truly nurturing.

It is not our purpose here to describe the ingredients of a program of group care for babies that promotes development rather than impedes

it since this information is elsewhere in the text. However, anyone attempting to advise a parent about the use of group care should know the characteristics of a good program. Having such information makes it possible to ask or help a parent ask cogent questions of a program director, questions both specific as to the details of the program and how it is carried out and general questions concerning the philosophy of child care. How a director conceptualizes the goals of the program and its implementation can be very helpful in evaluating a program for a child of any age. A director or senior staff member should be prepared to enunciate clearly the program's philosophy, goals, and methods of implementation. She should be able to answer simply and directly a good many questions about the program whether asked by a professional colleague or by a parent hoping to use the center's services:

What is the current child-staff ratio and what may it be in the future?

What does the program offer besides good physical care, what about it is "educational"?

Does the way the staff is deployed insure as much as possible consistency and continuity of care by one or at most two people?

Are there enough staff to insure that if all the babies are hungry at once, no one's age appropriate tolerance for waiting will be overtaxed?

What provision is made with respect to health supervision, and what is done for the baby who becomes ill at the center?

In the equipment, building, play yard, and the ways they are arranged, what evidences are there of appropriate concern for safety from injury?

What is the staff's role in protecting a baby from various kinds of hazards, including over-stimulation?

What is the record of the center with respect to staff turnover?

What provision is made for staff lunch hours and other periods of relief from direct childcare?

Is it the policy of the center to allow the parent to be there with the child at frequent intervals and particularly at times of special stress?

What plans are there for coordinating the home and center care and experiences of the child?

What provision is there for the parent to talk regularly with . . staff about the child's progress or about any problems that may arise?

Answers to these questions plus a visit to sample the atmosphere and to see the program in operation may be more helpful in decision making than information about the educational and experiential qualifications of the director and staff, though that should be known as well.

Thus far we have emphasized questions the parents should ask and the day care director or her representative should be prepared to answer when a child's placement is being considered. Also important in evaluating the potentialities of a program for an infant are the kinds of information the director or other staff member ask parents to supply about the baby. Some appropriate areas of inquiry are about the baby's present health, past illnesses, a typical day in his life at home, the formula and solids he is taking, his use of a bottle or cup, the amount of self-feeding he is doing, possible food allergies, sleep patterns, favorite toys or comforting

devices such as a pacifier, cues he gives as to his needs and feeling states, responses to various ways the parent has of comforting him, and any other individual characteristics. If few or none of these questions are asked, one might be justified in concluding that in this particular setting, babies of a certain age are all given the same kind of routinized care without respect for individual needs, preferences, and characteristics. One might also be justified in concluding that there will be little attempt to coordinate the infant's home and day care experiences.

An additional comment about health supervision is appropriate. One reason group care of infants has not been well thought of has to do with considerations of health. Modern knowledge of infection and its control has greatly lessened the dangers of group care of babies. Even so, the suddenness with which a young baby who appears well can become a baby who is very sick means that someone knowledgeable about signs of illness needs to be always available. Further, that person needs to have ready access to to nursing and medical consultation. Health-care was discussed fully in Chapter .

We conclude this subject of substitute care for the infant not yet walking by emphasizing, as we did at the outset, that the first year of life is no better a time than the later pre-school years for a child to be away many hours a day from a mother who is capable of giving reasonably good care. The process of attachment necessarily proceeds in a less than optimal way even when the substitute care is good. As described earlier, signs of distress in reaction to poor care may be less obvious in the early months of life than later. Thus the parents or the person helping the parent arrange for substitute care would do well to measure the resources available

against criteria such as those suggested above. However, once a decision is made and the infant is placed, whether or not the arrangement is a good one for him still needs to be determined by paying close attention to his reactions. If the baby does not thrive in all aspects of his development, both the parents and those providing his care should ask themselves why and together look into possible reasons and plan a remedial course of action.

The toddler and runabout child (1 - 3 years) Most of the questions appropriate to raise about quality of day care for a baby are equally applicable in relation to care of a child who is already walking. Information needed about a baby is also needed about an older child entering day care. However, there are in addition factors to be considered which are specific to the changing characteristics, capacities and needs of children between the age of walking and about three years. In the preceding pages we mentioned some of the reasons why it is easier to provide a good program for young babies than for toddlers and runabouts: the exhaustion adults experience in keeping up with them, the difficulty the staff has in responding appropriately to their alternating assertiveness and dependence, and in dealing wisely with their characteristic emotional stormyness and lability. This is not to say that the individual toddler is without assets which make him a charming companion. He is typically in love with the world, discovering something new that fascinates him every few minutes. His interest in exploring everything he sees, his exuberance at discovering his own physical powers and the powers of words are qualities that make him an excellent learner and in many ways a delight. However, some of these very characteristics make it more difficult to care for him in a group setting than at home. Also his capacity to miss those closest to him without the capacity figuratively

to keep them with him in their absence through well-developed mental images makes it especially stressful for him to be away from home, particularly away from his mother.

We said earlier that no later than the eighth month the baby shows definite preference for his mother and brief distress when she leaves him; that by nine or ten months he begins to have an elementary form the concept that objects which disappear continue to exist, for example, he will search briefly for a ball which rolls out of sight; that in his mother's absence the knowledge that she continues to exist and may return is one that does not develop until he is about eighteen months old, and even then that this thought can comfort him only briefly. Thus, the problem of separation from the mother is usually at its height for the child in the age range we are now discussing. He has the capacity to feel acute distress over the absence of his mother without some of the capacities of the three and four year old which help him to cope at least a little better with separation. Since some of the not easily recognizable manifestations of separation anxiety in the young child have been described in another chapter, we shall not repeat them here.

What, then, is the practical applicability of knowing that the issue of separation represents a phase specific heightened vulnerability for the child of one to three years? The answer, of course, is that since in this age range his developmental progress is the most threatened by his reactions to separation, substitute care is the hardest for him to tolerate and ideally it should be avoided. If the mother must work, then it is especially important that the period away from home each day be as brief as possible. Regardless of the length of the period away from home, it is necessary to

plan his introduction to substitute care in such a way as to lessen as much as possible his feelings of loss and even abandonment. The mother should not only be allowed but required to be with him in the new situation--whether in a day care center or a day care home--long enough each day and over a long enough period to help the child feel some degree of relationship between his mother and the people and place where he is left, and thus some security in the new situation. Under the best of circumstances when the introduction to the plan is handled excellently by all concerned, it is still not advisable to relax and conclude that the separation problem is over. Sometimes the child who appears to deal with the situation calmly at first experiences the greatest observable pain and despair at a later time when the staff and parents least expect it. Even without evidence of such suffering, the very young child's adjustment to the plan will probably be less fraught with episodic crises if the mother continues to "visit" him in the day care center or day care home at regular intervals.

Before leaving the subject of phase specific vulnerability to separation and its relevance to substitute care, we must express disagreement with an opinion we have encountered, namely, that children who are poorly cared for by their mothers do not experience separation anxiety. While we shall not attempt here to document our conviction to the contrary, our research data and, we believe, the findings of other investigators also, provide ample evidence to support our belief. Even when care is grossly inadequate or actually abusive, there are almost always some positive elements and clearly some attachment to the only parents the child has known; hence there is concern about separation. Some abused children, moreover, exhibit acute separation anxiety because they are even more

distrustful of strangers than of parents, who are, after all, not likely to be abusive every moment of the day. Often the known is less frightening than the unknown.

Another characteristic of the one-to-three year old which is relevant to planning for his care has to do with what might be thought of as an age-appropriate developmental task. This concept has to do with what the child emerging from the pre-ambulatory period begins to be able to do, is vitally interested in doing, and for whom it is the next "order of business" with respect to what he is ready to learn. His main interest is in the slightly widened world beyond the crib, his parents' arms or lap, the playpen, the floor where he crawled about, and the toys and objects within his reach. In other words, he wants to learn about and is most keenly interested in all the things in an ordinary household, where they are kept and what they are used for. He needs and wants to learn about the everyday activities of the people in an ordinary family. He much prefers his father's tools or his mother's pots and pans to the most attractive toy replicas. He wants to "help" do the dishes, make the beds, dust the furniture, and fix the leaking faucet. He wants to stir the cake batter, feed some to his dolly, take the laundry out of the washer and cover his teddy with one of the towels. He is an interested observer of and would-be participant in most aspects of the life around him. And it is from these ordinary, day to day activities that he learns space. An occasional walk to the supermarket or bus trip to the shoe store provides him with a whole new dimension of life to encompass. While he is an observer of and even a partial participant in most of the activity around him, not all of it by any means goes on for his special benefit, though he may think so. In the context of getting household tasks done, he is not the center of the universe for even the most loving

parent, nor should he be. Yet this very milieu in which the toddler engages in both child's play and the work of the adult world is the ideal milieu for him at this stage of his life.

In contrast to the natural family setting and activities, how artificial is the day care center and what it can provide! It is very nearly impossible, try as one may, to duplicate in the day care center more than a few of the learning situations most appropriate for the toddler--experiences which he could have at home without anyone giving the matter a moment's thought. For this reason, the family day care home--always having in mind precautions as to its quality--may be a better choice for the child from one to three.

Other characteristics of this age group point also to the desirability of the day care home because the number of children in care is usually much smaller than in the day care center. Although we have reason--again from our research data--to believe there is much more social interaction between very young children--interaction of a more complicated kind than is reported in the child development literature--peer relationships are still not as important at fifteen months or twenty-four months as they are later. The child is less capable of coping with them, and his developmental progress is not as dependent on opportunities for play with peers as it becomes later. Regardless of how one groups children in day care centers--whether in similar or mixed age groups--there are advantages and disadvantages either way. The disadvantages appear to magnify as the groups increase in size. The child from one to three is not by nature a highly suitable member of the large group, whether of similar or diverse ages. With his peers he and they all want the same toy or need the same adult attention at once. In a mixed

group he is too frequently an unheeding destroyer of intricate block building or scatterer of puzzle pieces. In either situation, too much frustration is experienced by everybody, noise and excitement mount, and disorganization ensues. He probably does best in a group no larger than four or five with two adults, an arrangement difficult to find in day care centers. For the child at the lower end of the one to three age range, then, the day care home, if it is a good one, is probably the best choice whether for a half or a full day. For the child at the upper end of the one to three age range, the family day care home which is attached, as discussed earlier, to a well organized day care center might "provide the best of both worlds," assuming the child must be away from home more than half a day. After a morning in a family day care setting with the normal family activities going on, after lunch and nap, the day care mother and her assistant, if there are several children, might then go to the center. There for an hour or so he can join in activities planned by the center staff but remain in the reassuring presence of the familiar day care mother.

Toilet training, the child's growing sense of autonomy, his more frequent aggressive behavior, and the struggles with adults which they can arouse are other phase specific issues that become more complicated for child and parent when the child must be cared for partly by others. The parent may need, therefore, to be in particularly close communication with whoever substitutes for her to be sure that there is as little discontinuity and confusion for the child as possible in the way those matters are handled.

While it is unlikely that any two adults deal with the same type of situation in exactly the same way, a certain compatibility in philosophy of child care, if it can be established between parent and caregiver, eases the complexity and discomfort for both and for the child also, assuming the

philosophy is based on sound child-rearing principles. However, what one says or believes in doing is often quite different from what one actually does. Thus, what happens when she is not there is probably the chief worry of the conscientious mother who makes any plan for someone else to care for her child. There is not always, of course, a concern that the caregiver will "be good" to the child, and parental ideas of what constitutes "being good" to him vary. At Children's House where appropriate limits on child behavior were maintained but without physical punishment, some parents were upset that we did not spank their children. We have presented elsewhere our views about age-appropriate, effective, and emotionally healthful ways of dealing with behavior which is not in the best interest of the child or the group. Here, we wish to say only the following: Whether the substitute care is to be provided in a day care center or day care home, the parent has a right before placement to know something about policy in this respect. To answer specific questions is no easy task. It is usually not possible to do so in even a beginning way until one knows the child, except to state what one never does, what is contraindicated for any child. There should, however, be willingness to enter into such a discussion. It will be welcomed by the day care director or
/day care mother who has clearly defined principles to guide policies. The parent can be told, though with examples and not in this condensed form, that what is expected of the child and how his unacceptable behavior will be dealt with at different stages of his development will change in accordance with his growing comprehension and capacity for self-control.

There have been several previous references to the importance of learning from the parents enough about the child and family before his admission so that his particular program of care and education can be

individualized as much as possible from the beginning. In the one-to-three age group such information would most helpfully include facts about his eating, sleeping, and toileting, his likes and dislikes about many things, his preferred ways of being comforted, his characteristic reactions to children and adults both within and outside the family, his favorite toys and ways of playing, his particular concerns or fears, his experiences if any with accidents, illness, hospitalization, or surgery. Parents, of course, vary greatly in their ability to give information even in these relatively non-threatening areas. The day care staff will be able to be more helpful to the child if they know as much as possible also about his reactions to various events of the family life and how his parents have dealt with him around some of the issues that are of special relevance in relation to his stage of development: toilet training, increasing independence, separation experiences, standards of behavior and ways of dealing with misbehavior. Quite understandably, not all parents are able to give clear, accurate, and undefensive accounts of family events and of their child's behavior and their behavior with him in these crucial areas, especially not to one who is still a stranger to them and one who may have, as they see it, the power to reject their application. The wise interviewer will, of course, not press the parent to a point of discomfort in trying to develop information which would be helpful but is not essential at the time.

In discussing day care for children not yet walking we suggested some kinds of information one would need to have from parents about a baby coming into group care. Both parents and inexperienced staff may better understand the advisability of knowing, for example, what kind of formula a baby is taking and what solids he is getting than of knowing about past events in the family life of a two year old. However, the older the child

is when he comes into any kind of substitute child care, the more there is to know about him and the more the staff will be working under a handicap if they know little about him. Just as a child of two has developed certain eating habits, for example, he has also developed other behavioral characteristics that are just as pronounced and individualized as his behavior with respect to food. This is not to say that his characteristics will not change many times, but at a particular moment in time he carries with him wherever he goes the influences of all his past experiences, and from very early in life those influences are many and highly complex not only in isolation but in interaction one with another. Under the most favorable circumstances, one cannot realistically expect that parents will be able, even if willing, to share at the outset all that might be helpful to know about the child, past and present. The staff should expect to learn many things from first-hand, direct experience with him, and only gradually to learn more from parents as they feel the staff is trustworthy. One important matter which parents may not be reluctant to share initially has to do with simply the facts about previous substitute care, though the child's reactions to such experience may be withheld or glossed over. At Children's House several of the more intractable problems with separation were found in children who had been in many previous placements or in children who had had very poor substitute care. This immediately makes the child's entrance into still another placement much more complicated than would otherwise be true since he is reacting not only to his life with his family but to experience with parent-substitutes as well. For him the emotions evoked by a new placement are likely to be the same as those he felt in the previous one. Since his behavior is determined largely by what he feels, he behaves as if he expects the past to be repeated, long before he is intellectually

capable of such an idea. Therefore it is to the benefit of all concerned--the parent who wants day care plan to work out, the child, and the staff--to know the history of his separation experiences, how they have been handled by both the parents and the caregiver, how adequate the care was and the child's reactions to it. Such information wisely used may at least help him experience the new separation less painfully and may even help him to cope with it in an optimal way so that the many possibilities for growth which the day care setting can offer will be effectively used.

Whether one is thinking of plans for helping a child with separation, of policy about child training, or about any other aspects of substitute child care, policy and practice are not necessarily the same. Therefore, we cite again an admonition similar to that with which we closed the discussion of the child not yet walking. After the best plan possible has been made for the child, there is responsibility on the part of both the providers of care and the parent to be sensitively aware of the child's reaction to it, not just in the first days or weeks, but over the entire period of the plan's existence so that whatever change is advisable can be made.

The Child of Three and Four

Many considerations in making decisions about the use of group care for younger children apply equally to the child of three or four. Thus, many of the questions we suggested be asked the director of a program for a young baby might well be asked about the program for a three to four year old, with some shifts in emphasis. Also, some of the information which we cited as desirable to have as soon as possible about the child up to age three is equally important to have about the three and four

year old coming into group care. Some changes in the kind of information needed related to changes in age are obvious, but all areas such as health, food intake, sleeping patterns, and toileting need to be reviewed. For example, the child who comes to day care at three or four may still be having a bottle at a certain time of day, he may be using a pacifier, there may be a particular toy, or blanket, or other object that he must have with him at naptime. The period of stress surrounding separation and exposure to a new situation, new adults and children is, of course, no time to remove what comforts him. Therefore, those who will be caring for him need to ask about such things, and parents need to be encouraged to help by sharing such information. They need also to be assured of the caregiver's willingness to have them bring the child's familiar blanket or toy and to go along with habits which might ordinarily be thought of as <u>not</u> age appropriate (a bottle or pacifier at naptime for a four-year-old, for example) until the child can feel safe enough in the new setting to be helped to change such habits.

Whether we like it or not, some of the vulnerabilities discussed in relation to the toddler and runabout must still be kept in mind with reference to the older child. The human problem over separation from those we love is never quite resolved, certainly it is not for the child of three or four, though he usually has more resources for coping with it than he had at age two. Length of day, also, is still very much an issue if for no other reason than that separation reactions become more acute as the day lengthens and fatigue decreases coping ability. Toilet training may or may not have been accomplished by age three or four, so that, too, may present either a normative kind of stress for child, parent, and caregiver, or a problem of some magnitude, depending on the previous history of the training efforts.

Standards for child behavior and methods of dealing with unacceptable behavior on the part of both parent and staff are as important to discuss in relation to the three or four year old as in relation to the two year old.

A matter which is not more important in our view at three or four than at one or two but which may well be to many parents has to do with educational aspects of group care. At Children's House, we repeat, we did not conceive of care and education for infants and young children as separate from one another but rather saw care that is really nurturing as having many educational components and education as not existing apart from good care. Thus, the "curriculum" included elements of both. Conceptualizing what the curriculum is for infants, toddlers and runabouts is still difficult for the few people who have had experience with group care of such young children. The accumulated experience of many teachers over the years with three and four year olds in nursery school, however, contributes a great deal to the comfort of many day care administrators in discussing the curriculum for three and four year olds. (Those who have worked in both nursery school and day care settings, nevertheless, know there are important differences between the two which have implications for curriculum building.) There are other reasons as well why it is more common to hear references to what a child should learn in day care if he is three or four than if he is younger, though we know that his ability to do well when he gets to public school is greatly affected by what he "learned" from the beginning of life--that each stage lays the foundation for later learning. The closer the child approaches the age for entry into public school--in many communities five rather than six--the more parental concern there is about his readiness to do well there. (Our experience belies the stereotype that only the so-called middle and upper classes have such concerns.) An additional factor

in the increased emphasis on learning at three and four as opposed to "just play" is that indeed the child's normally more varied and complex capacities allow him to be interested in and to work for increasing periods of time at pursuits which can be recognized as learning activities even by the untrained observer.

One of the dangers we see in the emphasis during the past decade on pre-kindergarten learning lies in the tendency expressed many years ago in another educational context as teaching subjects, not children. Therefore, in our view one of the considerations about day care which is particularly relevant in relation to the child of three and four has to do with the nature of the part of the program identified specifically as educational. Our hope is that not only those operating day care centers and those helping parents make decisions about substitute care but parents also will concern themselves not just with <u>what</u> is taught but with <u>how</u>. Many young children in this country during the recent years of emphasis on cognitive functioning have been subjected to situations in which a series of subjects is "taught,"—now we'll learn our colors, now it's time for languages stimulation—situations not greatly different at least in plan and attempted execution from the old plan of an arithmetic lesson, then a language lesson, etc., characteristic of the least creative grade schools. Often such situations in day care are superimposed by supposedly qualified curriculum consultants or they result from buying packaged curricula from those commercially exploiting the headstart and day care movements. Such packaged plans can have little to do with individual children who make up a group, each perhaps at a different level of learning readiness—different not only from others in the group but at different levels of readiness in each

learning area. Often the staff struggling valiantly to carry out such sterile methods of pre-kindergarten education have little to guide them in the form of knowledge about the necessary conditions for learning in the early years. Earlier chapters deal at length with matters relating to curriculum content and methods of teaching three and four year olds that are based on such knowledge. Here our intent is simply to emphasize the importance of being sure that the day care center bases its educational program on principles that are consistent with what is known about how young children learn.

Earlier we referred to the increasing capacity of the normally developing three and four year old to engage over longer periods of time in activities which even the layman can see as learning, not "just play." The child's improved gross motor control allows him much more freedom of activity and many more choices. His greater fine motor control also allows him to engage more productively in cutting, pasting, drawing, painting, working with dough or clay, or building block structures. His growing ability to communicate with words opens up many exciting possibilities. His generally increasing cognitive abilities give him an ever widening range of interests. His curiosity now takes on a more specific quality than it had at 18 months. He wants to know about the properties of objects, the words associated with them, the differences in their sizes, shapes, weights, and textures. He wants to know <u>why</u> certain things happen as they do. He struggles with the concept of cause and effect not only in relation to objects but in relation to people and their behavior, his own included. He develops more ways of solving problems and more ways of coping. Even if his solutions are not always good ones, he may not feel so helpless as he did earlier. Playing with his peers, learning to make his way with them, learning ways of solving problems that arise between himself and other children are of (continued next page)

increasing importance. In short, the mature three and four year old has interests which even a devoted, conscientious mother who values her child's learning may not have the time or skill to help him with as well as could a good nursery school or day care staff.

With reference to the length of time spent away from home, we believe that ideally even the four year old should not be more than a few hours without his mother or other familiar family member. However, because of the child's increased abilities of many kinds referred to above, it is a little easier to provide him with experiences in the day care center and its environs that are somewhat like the experiences he would have if he were spending most of his day at home. If the child first comes to day care at age three or four, he may already have had the benefit of learning those things which are the center of interest for toddlers and can best be learned in the average home environment. However, whether he has or not, he will be interested in doing with his teacher, the cook, and the "nice man" who helps with all kinds of chores some of the things he might otherwise do at home with his mother or father or big brother: simple cooking projects, helping prepare snacks, putting play equipment away, learning to pound a nail in a board, helping to wash the sandbox utensils, holding the hose to fill the wading pool, going on an errand in the neighborhood, taking a bus trip with a small group of staff and children to a park or zoo, and occasionally having the experience of buying the afternoon snack at a nearby bakery or soda fountain instead of having it come from the center's kitchen.

Especially for the child who is in day care for many of his waking hours, experiences like those described above are important for several reasons. He not only learns from them but he also needs the "change of pace" involved in a more casual, relaxed, "after school" atmosphere. He needs

relief from those aspects of the daily program that are more nearly the forerunners of later school learning. He also needs experiences that are not entirely child-centered but are related to the adult world. In a small day care facility there some of the housekeeping chores may be done by those who also teach and care for the children, he learns from discovering that "we can't go for our walk yet because we have to put the laundry in the washing machine first" or "on our walk we're going to stop at the store because we ran out of milk," and it is important that he has some part in these activities. How he can go to the laundry room and really help put the towels in the washer, and he can carry one of the cartons of milk part of the way "home" if he wishes.

On the whole our discussion of three and four year olds in day care thus far has emphasized developmental characteristics which make it easier to provide a good program for him than for the one to three year old. However, even with the latter age group we stressed that the older the child is when he comes into the program the more there is to know about him, the more life experiences he brings with him which are reflected in his needs, his habits, and his behavior. By the time a child is three or four all those aspects about him which add up to his unique individuality are a bit more pronounced. He has had a little more time to acquire experiences with people, especially with parents, which have helped to determine how he feels about them, and those experiences will largely determine what his expectations will be of the day care staff. His experiences, if any, with siblings and other children in the past will partially determine his feelings and expectations of children in the day center. Whether or not he has had previous day care placements, he may have learned to expect kindness and consideration from adults, to see them as helpful and comforting, or he may have learned to fear them, to avoid

contact as much as possible in order to be safe, to expect neither help nor comfort. With respect to children, he may have had little or no experience or too much; he may see them as potential playmates or friends or as natural enemies.

Any real child is likely to reflect a more complicated, a less clear-cut and extreme combination of feelings and attitudes than those described above. We wish, however, to emphasize that as opposed to the potential assets the three and four year old brings to day care, he also has the potential for bringing strongly entrenched habits, feelings, attitudes and expectations which may create great stress for him and for everyone else. Perhaps not immediately but in due time he will usually attempt to recreate with all staff or with the one who is the most meaningful to him the same kind of relationship he has with the most important person at home. Thus, if he and his mother are engaged in a retaliatory kind of fighting with one another, he may do his best to engage staff in the same kind of skirmishes. If his care at home has not taught him that he is valued, he may repeatedly put himself into situations of potential danger, requiring the utmost vigilance on the part of staff in order to protect him. If he has been flagrantly discriminated against in relation to a sibling, his jealous rages at the center may be out of proportion to expectable rivalrous feelings toward other children for staff attention and affection. These examples are only a few of those which might be given to emphasize that the older child may bring in addition to certain assets more pronounced and deeply entrenched problems; that the most exemplary behavior on the part of the staff may not quickly cause the problems to lessen or disappear; and that, as we have pointed out in so many other connections as well, working them out usually

requires not only skillful work on the part of the staff but collaboration of the parents in this effort.

A collaborative relationship with parents partly for the purpose of working out problems is desirable whether the child in question is four years or four months old. However, the applicability of this general principle in the present context is as follows:

The person whose professional role involves helping a parent find a day care resource for a child of three or four has an obligation to try to know enough about the child and family to assess what problems he may present in day care and to make this possibility clear to the parents as well as to the day care administrator to whom application is made. A further obligation is to try to help the parent understand that the placement will have a better chance of working out if there is openness about the problem with the director and willingness to work with the day care staff concerning it. The parents on their part should not expect the day care staff to work with the child without the benefit of their help. However, without such help from a referring person, day care staff members charged with developing data prior to admission can become skillful in making assessments of potential problems not for the purpose of exclusion but for the purpose of dealing with the child as wisely as possible from the beginning. All that we have said about problems in the three and four year age group applies in principle to each age group we have discussed. The reason for special emphasis here is simply that because the child is older, the potentiality for distinct and persistent problems is greater.

In concluding our discussion of considerations in use of substitute care for children from a few weeks of age up to five years, we wish again

to stress that our divisions of children into three groups, under a year, one to three, and three through four, are of limited usefulness if used arbitrarily. These groupings reflect general characteristics, those common to most children within them but characteristics which change gradually over time. A child's motor skills may be characteristic of a 15 month old toddler while his language may be either much behind or much ahead of what we would expect of a child that age. One four year old may be as mature in every way as we would hope a five year old to be, and another four year old's needs and general level of maturity might be closer to what we would expect of a three year old. Such variability applies of course to all the characteristics that make up the child's individuality. Some children of age three are quite socially poised and, while not indiscriminate in relationships, appear to be fairly comfortable in new situations with strange adults and children. Others exhibit a degree of persistent shyness which makes exposure to new situations very painful. It is therefore our hope that all those who have any role in decision making about substitute care for young children will consider it part of their responsibility to know as much as possible about the individual characteristics of the child in question and, all things considered, make the best choice possible for that particular child at that point in time. Hopefully in the future there will be greater variety of choices as well as greatly improved quality of care and education in each type of setting. This brings us to the matter of services needed if day care is to be of good quality.

Services Necessary for Quality Day Care

We have already expressed in various contexts throughout this book most of our convictions about what is needed in order to provide high quality day care services. In the concluding pages of this chapter we shall summarize these ideas and then suggest a rationale for the organization of day care and related services. We shall not speak about such things as adequate physical space and equipment, important as they are, or about standards of licensing agencies, since documents setting forth the applicable requirements in each state are usually available from the appointed licensing body. We shall speak instead about the variety of services we believe day care users need, services we should try to build into day care if it is not to be another social experiment that failed, if it is to be instead all that it can be in the lives of countless children and their parents during the years to come.

Some readers may have decided long before reaching this concluding chapter that we are idealistic dreamers far from the real world, that what we visualize for the future of day care is not needed or even, if needed, will never be realized. To them we say first that our convictions about what is needed are not out of the ivory tower but out of five years of sobering experience, out of over sixteen thousand hours during which our staff was trying to meet some of the needs of the parents and children who came to us. Second we say--again from first-hand experience--that we are fully cognizant of the difficulties encountered by those who try to find funds, space, and trained personnel to carry out good programs of day care. However, someone must dream a little and share the dream of what the future can be. Otherwise there is less improvement in human services that is possible.

Before presenting our convictions about services necessary for quality day care, we shall comment on some past and perhaps future obstacles to such a goal. In recent years there has been much emphasis on finding more useful ways of organizing and "delivering" human services, on innovative service delivery systems. The prevalence of articles on this subject in professional literature has reflected awareness that traditional ways of providing many social and health services were not effective in reaching large segments of the population. Many program administrators have had to reexamine and modify their ways of working. As a result, some "outreach" programs and other methods of making services more visible and easily obtainable by those who needed them have begun to emerge. Another trend has been greatly increased citizen participation in decision making both within traditional agencies and in methods of service organization, such as Model Cities. That those who need various services should have an affective voice in determining what they are to be and in what form they will be the most useful is no longer a new idea. Nor is it a new idea that within large cities there are discrete neighborhoods often having quite separate and distinct needs. Thus planning based on complexes of services within neighborhoods has grown.

It is an eminently sensible idea that services which are identified by a particular group of people as the specific ones they need should be available to them within a reasonable distance of where they live. However, such basically sensible and simple ideas have a way of becoming very complicated in the process of trying to put them into effect. Anyone who has been even marginally involved with attempts of citizen groups to work out plans for use of Model Cities' funds, for example, is bound to be aware of the complexities involved. No matter how homogeneous a group of people appears to be in their needs, there are always differences of opinion on

most issues, differences which significantly complicate the process of decision making. Vested interests in traditional agency organization obstructed (and still obstruct) progress toward service delivery systems more responsive to human needs. However, vested interests are also seen to be operating in the citizen planning groups. The primary task of determining needs and how best to meet those needs sometimes becomes a matter of secondary importance as other objectives are pursued.

We shall mention only a few of the many possible obstacles to achieving services of good quality. One is the potentially self-defeating tendency to turn what is ostensibly a program, for example, to serve certain needs of children and their parents into a program whose primary aim is to supply employment for adults. There is undeniable need for employment opportunities, most of all perhaps in the very areas where the most citizen planning and control of services now exist. However, if goals are confused and people are employed in service centers simply because they need employment and not because they are qualified for the work to be done, the result is almost certain to be poor service. We must acknowledge parenthetically that every public service institution--regardless of the circumstances surrounding its founding and staffing--every hospital, social agency, or clinic--must guard against the never ending danger of becoming an establishment whose policies and practices are determined more by the convenience and needs of the staff than by the needs of the group it was created to serve.

Another obstacle to achieving services of good quality is related to what can most tersely be described as anti-professionalism. We wish to make clear that the anti-professionalism we have in mind is not a racial issue, though that issue is sometimes involved. While many traditional agencies, threatened with being judged irrelevant, scrambled to employ minority group

staff with professional training, these professionals were often not sought by their own people for consultative or leadership roles in newly funded programs. Sometimes even when they were, many complex factors, including suspicion of professionalism, created obstacles to working together as great as those sometimes attributed to racial or cultural differences. Sometimes the failure to work harmoniously within a homogeneous racial group was due not to anti-professionalism, per se, but to the fact that racial origin alone does not determine identity. Thus, some program planners who found professional leadership within the predominant ethnic group to be served also found that they had employed a person whose thinking, feeling, life experience, and life style were hardly distinguishable from those of any other professionals.

Anti-professionalism--undoubtedly for many complex reasons--has characterized the last decade. Without amplification this statement may seem to be inflammatory though what we have in mind is not. The long overdue social revolution of the 60s and 70s could not, in our opinion, have come about without some degree of just such anti-professionalism. Earlier in this chapter we said the same thing in a less provocative way: that new methods had to be found to create and deliver services tailored to the specific needs of people who have been neglected by traditional institutions. Such efforts were resisted by some professional people. Many who did not resist entered into well-intentioned planning efforts but often mistakenly thought they knew all the answers about the needs of people they proposed to help. The demand for decision-making power about services by the users of those services is an inevitable and necessary part of the process of self-determination which characterizes any democracy. Further, professional people have sometimes been ignorant or unmindful of cultural patterns and, therefore, not only planned unsoundly but antagonized those they proposed to serve.

Undoubtedly, justifiable anger over being ignored by various "establishments" for generations caused many minority groups to want to shut out all but their own members, to shut out even the professionals within the group, to do everything for themselves.

Some professionals of various racial origin, sympathetic to the understandable reactions described above have simply tried to wait out the trial and error period. They waited hoping those doing it all themselves might find their work unimaginably difficult, the results disappointing, and--perhaps having become secure in their control--might ask for professional advice about some aspects of their task. Other professionals, however, equally sympathetic to the wish for self-determination, attempted to retain a "piece of the action" by virtually repudiating their own professional knowledge and standards and aligning themselves with those whose credos seemed to be "anyone can do anything." Brief training courses given by such professionals to those with no previous relevant preparation except knowledge of their own neighborhood supposedly turned them into their neighbors' "mental health consultants" and "therapists."

We strongly believe in the ability of those without previous specific experience in a particular job to bring to it valuable insights out of their life experience. An important part of our own program was based on that belief. However, we believe with equal conviction that there are identifiable bodies of knowledge and skills which can be learned only through prolonged and arduous professional education. This appears to be well accepted in relation to medicine. For those who know how complicated human behavior is, the thought of turning the group care and education of large numbers of young children over to day care personnel who are <u>not</u> given both training

and ongoing supervision by those with sound professional preparation is almost as upsetting as it is to contemplate surgery by a layman. Perhaps this argument seems specious in view of the fact that laymen in the form of parents have been doing a reasonably good job of child rearing for generations. However, as we have repeatedly stressed, care of groups of children away from home by those who are initially strangers to them is not at all the same thing as care of children within their own homes by their parents.

Another obstacle to achieving high quality day care involves the whole matter of the low priority our society gives to services for children and the consequent downgrading of those who provide such services. Despite overwhelming evidence to the contrary, the belief appears to persist that because many parents do a good job of rearing their children, any child placed in any kind of institution can be effectively cared for by any "decent person" who wants a job. If there were more public awareness of the skill required of a child care worker in any kind of setting, there would be more respect for that role, more compensation for it, and more attraction to it as a possible life work. In many fields not everyone can be or needs to be a professional in the academic sense of that term. Not everyone in a construction company, for example, needs to be an architectural engineer, but unless the professional engineering knowledge which determines the construction plan is carried out by the skillful work of many whose special abilities are respected enough to compensate them accordingly, the sky-scraper will fall down. The application to child care institutions of all kinds is obvious.

Another subject which has often been dealt with on the basis of adult prejudice rather than children's needs has to do with ways of preserving racial identity and culture. We concur with the idea that if the children in a day care center are black, Puerto Rican, Chicano, or Indian, there should most certainly be sufficient staff of the same ethnic groups to help those children in the development of their racial identity, along with the primary role the parents play. As we suggested earlier, however, the capacity of adults in this respect is determined by much more than their own racial origins and cannot be assumed simply from that fact. Our preference is that the child population of day care centers not be racially homogeneous. In the relatively small community of New Haven, services organized within the neighborhoods need not be. However, in large cities it is likely that the opposite tends to be the pattern and will continue to be if day centers are located--as they should be--according to the convenience to those who use them. Unless we are prepared to perpetuate segregation (and we recognize that there are many groups in our society who strongly wish to) then there are regrettable losses involved in racial homogeneity in day care. There are losses to the children and their parents, losses in the opportunity to learn to value both the uniqueness and the common humanity of those of different races. However, if the child population in many instances must be racially homogeneous, staff need not be. Out of our experience we believe that if it is, there are losses for all concerned. Although we had our troubles, as we have described, black and white staff worked together on a peer level with black and white children. At no time did a problem arise due to such a factor as behavior based on a preference of a black teacher for a black child or a white teacher for a white child.

Although staff found some children more likeable than others, such preferences as we were aware of were never based on race. Out of all children in both phases of the project, two stand out as the probable favorites of black and white staff alike; one was black, chosen because he was an unusually charming, intelligent, and sympathetic little boy; the other was white, chosen because he was exposed to extremely poor care and abusive treatment at home but had amazing resiliency which allowed him to respond to the care of the staff. Black and white staff alike had fantasies of taking him into their own homes. Based on much more than we can document here, we believe that a great deal of rich experience and learning would have been lost to both children and staff in our program if we had had children and staff of only one race. It is, therefore, our hope that biases against this kind of integration will not be another obstacle to the best that day care can offer.

In the field of social and health services the past decade has indeed been characterized by struggles, often bitter and angry, among those with a stake of any kind in the outcome. We like to believe that these struggles, sometimes involving the tendency to give employment instead of good service, the anti-professionalism and racial separatism, have been a necessary part of a developmental process of growth. We see such a growth process as moving toward the kind of maturity in community decision making which allows excellence of services to be the goal rather than self-seeking on the part of any individual or group. We see such a growth process, further, as moving toward a situation in which there is sufficient respect for the valuable contributions which can be made to a service organization by paraprofessional and professional alike so that neither group will have to shut out the other, especially since each has much to learn from the other. We hope for a climate in which there is sufficient respect for the real contribution of

57-649 O - 76 - pt. 2 - 12

the paraprofessional so that phoney "credentials" and titles will not be handed out to those who, if they are honest, then bear the burden of guilt that they represent themselves as able to do what in fact they cannot do without help. Unless the turmoil and struggles of recent years teaches us all a great deal and brings us to some degree of reconciliation and realization that we need one another, then we are likely to end up right back where we started--with poor services for poor people. However, there are some hopeful signs that we are now beginning to move in the opposite direction. Protests are now heard about poor services and lack of well qualified personnel. Some protests are made by the same people who a few years ago insisted that the jobs newly funded services created should be passed out to those on the planning committees and their friends, regardless of qualifications. Standards set by funding agencies, while still not optimal for the achievement of good services, are nevertheless also helping.

We return now to the subject of services necessary if day care is to be of good quality. At the outset we acknowledged that our day care experience was mainly in a setting in which those using the services did not initially have a part in determining what they were to be. However, earlier in this chapter we subscribed to the idea that the group to be served is the major source of data about what services are needed. It may, therefore, seem inconsistent or even presumptuous that we now express our own views about what services a quality day care program should provide. While we obviously had many preconceptions in this respect which were built into our plans, we write now out of the experience of testing those preconceptions and out of the experience of trying to respond to the day-to-day needs our families expressed, whether or not we had anticipated those needs. As a result, it is our judgment that most groups of parents

or other citizens who might come together for the purpose of organizing a day care service could not be expected to anticipate what services would be needed beyond the basic one of child care and education. It is possible for them, however, because of the existence of accumulated knowledge from many sources to learn what else is needed and, thus, not leave matters of such importance to trial and error. On this point we must respectfully disagree with those who believe that public service funds should be turned over to groups of "consumers" with complete authority to create programs as they are able to visualize them and without the protection of requiring that they seek appropriate consultation. This condition is not related to the issue of who shall wield the power implicit in the control of funds. It is rather the expression of a strong belief that all groups should be helped to do the very best they can for themselves by having access--even if reluctantly at times--to what is already known. Otherwise they have to go through the painful process of repeating the mistakes of the past simply in order to be completely autonomous.

Regardless of the nature of sponsorship, funding, and control of the decision-making process, what are the major ingredients we would like to see incorporated into day care programs for infants and young children? In what follows we briefly describe the ingredients, comment on why they are necessary if the reasons are not self-evident, and, in the final section of this concluding chapter, describe how the resulting complex of services might be organized. There is no intention to deal with the issue of quality of services except tangentially since the entire book addresses itself to that subject. Nor is there any attempt to discuss staff qualifications necessary to provide the services since that is the subject of an earlier chapter.

We have referred both to ingredients and to resulting services. We recognize that the term "services" is valid only in the sense of what policies and procedures in day care serve the best interest of the child. Parents cannot be expected to view as services intangible, internal procedures, or procedures which may initially be perceived by some as requirements. Therefore, we choose to use the term "ingredients" for the present and only later to come back to the services they provide.

The first ingredient we would build into day care is the ability to give parents applying for admission of a child to a day care center counseling about substitute child care, and about possible alternative plans, so that the one arrived at is the best that can be made for each child. What we have in mind here was fully presented in an earlier section of this chapter.

The next ingredient, one parents have no trouble in perceiving as a service is, of course, the program of child care and education. Another usually well understood ingredient is health surveillance and medical consultation as described in Chapter _____.

A further necessary ingredient is a systematic and continuing method of assessing each child's functioning in the various aspects of development, his progress or lack of progress. In our own program the research component made it possible to base each assessment on formal developmental testing as well as on systematic observation by teachers and others. The ways of keeping up with a child's development can range from the very complex and highly specific to the more general and superficial. In most instances teacher observations are sufficient if carefully and regularly done according to a uniform system of recording significant information. The method chosen should not only capture all the knowledge the teacher thinks she has about

the child's development. In addition, especially when used by an inexperienced person, the method should be one which is, itself, a teaching device, allowing the observer to report more than she thought she knew about a child and, thus, to increase skill in observation. Occasionally there is need for an evaluation of development that can be provided only by having access to consultation from a child development clinic or comparable professional service. Whether or not recourse to such a thorough evaluation is needed, continuous assessment of each child's development is necessary in order to individualize his program in the center.

In addition to counseling about the use of substitute care, child care and education, health surveillance and continuing assessment of each child's development, another important ingredient of day care is a systematic arrangement for parent participation. The nature of this participation may vary all the way from a colleague relationship with staff in which parents actively participate in the daily operation of the center or serve on the board, to the traditional relationship in which the parents use a service entirely provided by others, participating only as invited or required to do so in some way. There are, of course, advantages and disadvantages in any plan for parent participation. However, our concern is mainly with those in which the parent is actively involved in operating the service. Thus, we wish to point out as we did in an earlier chapter the special skill needed to administer a program in which parents of children in the program carry staff roles or policy determining authority. Our concern grows out of the fact that in one very important dimension of their relationship to the center they are simply the parents of particular children. In this latter dimension if their children are to do well in day care, it is vital that the staff member or board member parents be able

to accept the same plan for systematic communication between staff and parents that is made for all others. Such a plan needs to encompass more than the informal, spontaneous communication between parents and teachers as children are brought and picked up. Regularly scheduled conferences with parents should begin before admission of the child to a program and continue throughout the period of his enrollment. The reasons for such contacts have been presented in Chapter 4 concerning staff collaboration on behalf of child and parent and in Chapter 5 on work with parents. Our reasons for preferring that this work be done by those not having direct responsibility for the children's program and by those with specific professional training for helping parents with a wide variety of problems have also been given.

At the risk of being tiresomely repetitive we refer again as we did in Chapter 5 to the fact that we do not assume all parents using day care are people who need professional help in the conduct of their lives. Even for well functioning parents, however, the use of day care, in itself, sets up a situation in which regular communication with staff is necessary. It is necessary for the purpose of coordinating home and center care of the child, at the very least. No matter how much skilled clinical judgment goes into the initial estimate of parental functioning, it is not always possible to know which set of parents and which child are going to require minimal staff time for basic coordination, which will need a little special help, and which are going to be in serious trouble with one another. When there is such trouble, it inevitably so severely affects the child's adjustment and behavior in the day care center that the problems created cannot possibly be ignored without endangering the effectiveness of the program for that child and for others in the group. From our experience as well as that of

others in day care, it is no longer a question of whether or not very needy and disturbed children are to be found in day care centers but only a question of how many. No community we are aware of has enough special services such as child development and child guidance clinics to respond promptly to referrals from day care centers of their variously troubled families, assuming the families were to be responsive to referral. We also believe that, properly staffed, a day care center can effectively handle many difficult problems without the inefficiency often involved in referrals to already overburdened clinical facilities.

Another necessary ingredient, then, in comprehensive day care is the capacity for problem solving. We have discussed two major kinds of problem solving in detail elsewhere--that involved in a staff learning to work together and staff teamwork in helping parents and children with problems which become apparent in the day center. Methods for problem solving of both kinds are necessary, but in the present context we wish to focus on the latter. When a child is not functioning well or when he is presenting symptomatic behavior in the day care center which is not modified by the staff's usual ways of working, there must be capability for more thorough-going problem solving. This involves putting together relevant information from all available sources, including that from contacts with parents, making diagnostic sense out of the data, and developing a therapeutic plan, one which may require special work with a child or work with both child and parents. The insight which a consultant can often contribute may be needed in certain situations to understand how a problem developed and how to begin resolving it. However, the staff should have the capability of solving many problems through their work with the parents and children

without expert consultation. To do so requires not only a systematic set of procedures but knowledge of child development and of the dynamics of human behavior, both normal and pathological. At least one member of every day care staff should be so equipped.

Finally, we would like to see built into every day care center the ingredient of flexibility. This is so pervasive a factor that it is not possible to mention all the situations in which the capacity to be flexible is an asset. Ideally, it should be a characteristic of every staff member from the least to the most experienced. It should also characterize every policy and procedure. Flexibility means, for example, that it is possible if necessary to set up a program for one child which is vastly different in certain respects from that for other children. It means that the working hours of certain staff members may need to be different from those of others in order to be available to parents at times compatible with their working hours and home responsibilities. It means that there is enough staff coverage so that one or two people necessary to work on a problem that has suddenly developed can be taken out of the program without undue stress on the children and the remaining staff. Flexibility means also that there is an arrangement for regularly scheduled meetings of different combinations of staff members so that communication about each child and family is assured. But flexibility also means that the plan for a routine discussion of a particular child at a regular meeting simply because it was "his turn" to be discussed can be abandoned in favor of another child about whom the staff has suddenly become concerned. The flexibility which allows those with administrative responsibility to respond promptly to the distress of the staff about a child or about what is going on among themselves promotes not only

good child care but staff morale as well, which, in turn, promotes good child care.

Perhaps now it is clearer than before how the various ingredients of comprehensive day care we have described add up to more services than the parent-applicant or parent planner of day care may think necessary. Thus, while we recognize the right of citizen groups to plan and develop services they are aware of needing, our hope is that they can permit themselves to benefit from presently available knowledge and experience. Perhaps the most controversial aspect of the ingredients we have suggested is the insistence on more than casual contact with parents as part of necessary problem solving. However, in our experience there are some users of day care who welcome a plan for regular appointments with a staff member because of interest in the child's development and because such contacts help them to cope with the stress of giving their child's care over to someone else. Some welcome such appointments for other reasons, some because they are lonely, isolated, perhaps depressed, and need the interest and support of another human being who cares what happens to them. Others, of course, initially experience the insistence on regular appointments with puzzlement or suspicion or even with resentment. However, if such a requirement is built into the structure of the day care plan, if it is expected of all who use the service, if the work with them is sensitively attuned to each individual, most parents not only accept but use appointments constructively and in a wide variety of ways.

Day Care as a Nuclear Service

We come now to our view of day care as a nuclear service, a conception based on the truism already mentioned several times: that people tend to seek the service they are aware of needing. If use of day care also provides the opportunity for contact with one person whom the parents see regularly and come to regard as "their person," many other needs emerge as they gradually feel respected and develop trust in the workers' integrity and concern for their welfare. Our thesis is that where the "felt need" can be met, there the greatest opportunity exists for the kind of trust to develop which allows people to reveal other needs and problems; where trust exists, there people can best accept help with their problems both internal and external. Referrals to other agencies providing some of the help needed are, of course, possible if such facilities exist. Referrals always run the risk, however, of not working out, and if they do, it is almost always because the person suggesting the referral has worked long, skillfully, and supportively to bring the parent to a point of accepting referral.

We do not intend to suggest that day care can be all things to all people who use it. However, if one could magically reorganize all the human services needed in a community or neighborhood, it would undoubtedly be possible to come up with a plan, as many others have by now pointed out, which would centralize services and coordinate them in such a way that neighborhood residents could more easily use them. They would then not have to have almost superhuman courage, persistence, and intelligence, plus the ability to travel miles within a city, in order to "get it all together." Such a neighborhood center would include services related to public assistance,

medical care, housing, job training, employment, and legal aid, for example. It would also include a day care center, a family service organization, and services now organized either separately as child development, child guidance, and adult psychiatry clinics or under the umbrella of mental health clinics, which, incidentally, as presently organized often serve adults much better than they serve children. In such a neighborhood service center one might still need help in finding one's way around. Upon applying to a central admissions office each applicant, regardless of which service he wished, could be assigned one person who would initially become his enabler, perhaps at times his advocate, to see that he was not buffeted about, that he got whatever selected services he needed in the least difficult and most efficient way possible.

What would be the advantage to the day care center in being part of such a complex of services? One might be that selected service-center personnel trained in medicine, child development, child psychiatry and adult psychiatry, personnel whose major work would be in other units of the service center, could become the consultative staff of the day center. Then as problems arose which could not be handled by the day care staff even with appropriate consultation, if, for example, a full diagnostic study of the child and his family was indicated, this could be accomplished using the day care staff member already working with the family as a member of the appropriate diagnostic team. Such a plan would involve introducing to the family only those clinicians necessary and doing so within the familiar setting of the day care center, thus avoiding the often unbridgeable chasm for the family of "referral elsewhere." An important advantage of such a plan would be that all of the relevant data about the child and his family

developed by the day care staff would be immediately available and useful to the diagnostic team so that the costly and exasperating imposition on parents of "telling it all again" which occurs when they are sent elsewhere for help would be in large part eliminated.

Since we are especially interested in how day care would fit into such a neighborhood service center, we return again to the concept of day care as the nuclear service for many residents among all those the neighborhood center offered. For this group, then, the day center staff member assigned to each family would become in time, as other needs might emerge, the one who would also help the family in the use of the appropriate peripheral services. The day center might also be the nucleus around which would cluster family day care homes organically related to it as described earlier. The day center might also be a resource of information about licensed private day care homes.

When we introduced the possibility of reorganizing services on a neighborhood basis, we invoked the power of magic. Perhaps that is what would be necessary. And in having tried to express not just our concerns about day care but our convictions about what it should be and our hopes about what it could be, perhaps we are dreaming impossible dreams. However, it is our firm belief that all thoughtful people in this country know such goals are not impossible. They are not impossible if we are all willing to keep working toward a rational ordering of our nation's priorities, that is, one which places very near the top of the list protection and nurturance for of each child's potential/development into a competent, emotionally healthy adult.

The State Day Care Facility Licensing Act

INTRODUCTION

There is little disagreement that children in day care need adequate protection. There is a great deal of difference of opinion about what is "adequate." On the one hand, many organizations hold that the interests of the child are most important and need to be protected by the licensing process. This position grows out of and is directly related to their position in regard to child neglect and abuse: some parents and guardians do not care for their children adequately. On the other hand, there are those who hold that there is no need to license day care, and that the responsibility of deciding what is and what is not adequate care for children should be left to the caregivers and the parents.

In addition to this basic disagreement about whose interests are paramount, there are also conflicting interests apart from those at issue in the day care of children. If the various problems connected with licensing day care were solved, as a service caring for children, there would be still three related areas: fire codes; safety codes; building codes. In each of these three areas, there are legitimate concerns which also must be addressed. For instance, it can be said that day care centers should be allowed wherever there is a need for such services. On the other hand, allowing day care centers to be built in some areas would be ill-advised: certain residential areas have zoning restrictions; certain other areas are inappropriate for children because of hazardous conditions.

In recognition of these problems, and stimulated by a substantial growth in interest by governments and others in more rapid development of day care services, a licensing project was begun by the Federal government beginning in September, 1970. Many organizations sent representatives to the various meetings called in connection with that project, but some were dissatisfied with the day care licensing act and related materials which HEW eventually published. The dissatisfaction with the HEW document was along two lines: 1) the document attempted to cover too much detail, and was not in a format which could be easily addressed by most stage legislatures; 2) the document reflected a philosophy of day care licensing which was not sufficiently protective of children.

The Act drafted by the Day Care Alliance does not attempt to discuss all of the issues related to day care facility licensing. Although the Day Care Alliance recognizes that there are problems with fire, safety, and building codes for day care facilities, the Alliance believes that those issues must be dealt with in other documents, not as part of any suggested legislation. Additionally, the Alliance believes that the variance between states is, to some degree, the result of practical experience gained over time and that any adjustments in the fire, safety, and building codes within a state must be done with utmost caution. Many of the organizations in the Alliance have published materials relating to these matters and at some future date the Alliance may draft some general guidelines in the area. For now, the Alliance believes that the major need is for a licensing act that responds to the needs identified early by the HEW study:

1. "The three categories of day care facilities--family day care homes, group day care homes, and day care centers--are defined in different terms from State to State, but some States do not include all three definitions in their regulations."

2. "State licensing of family day care homes is not mandatory in 10 States."

3. "Some States do not apply mandatory State licensing requirements in all cities and counties."

The Alliance's draft legislation is aimed at meeting these three major deficiencies. The Alliance draft:

1. Defines the three categories of day care facilities (cited above) in terms similar to those contained in the chief Federal regulation which applies to day care and with which most states must comply in order to receive reimbursement, the 1968 Federal Interagency Day Care Requirements.

2. Makes licensing of family day care homes mandatory.

3. Provides a legal base for states to apply mandatory state licensing requirements in all cities and counties.

The Alliance draft, since it is related closely to the 1968 Federal Interagency Day Care Requirements, would provide slightly higher quality care than the HEW draft. The Alliance believes that, essentially, the quality floor should be higher than those who published the HEW draft. There are also important differences in two other areas: the Alliance draft stresses parental involvement; the Alliance code recognizes the fact that day care services involve a number of professional disciplines.

The Alliance draft also differs from the HEW draft in that it requires most family day care homes to be individually licensed. This recommendation, while it differs from that of some licensing experts, is based on the history of failure of the alternative approach -- registration or non-licensing. An important study just completed in England shows that unlicensed family day care homes are a key factor in the continuing incidence of deprivation and poverty, and that there are clear connections between school failure, delinquency, and the like, and the use of non-licensed family day care homes.

The Alliance draft also differs from the HEW draft in that it does not allow for a delegation of licensing authority to large operators of day care programs called "day care systems." Some believe that it may be a conflict of interest for a day care operator to license or otherwise enforce regulations which pertain to his programs.

The Alliance draft grows out of a belief that children require "an extra pound of protection," that the evidence shows that even well-meaning care-givers can and do harm children, and that it is the duty of the states to set such licensing requirements as are necessary to guarantee the health, safety and well-being of these particularly vulnerable citizens, young children.

It is the hope of the Alliance that consideration of this draft legislation will lead to an examination of the existing state and other licensing codes, and that such amendments will be made as are necessary to protect children.

STATE DAY CARE FACILITY LICENSING ACT

(Most states currently have statutes that provide for the licensing of day care facilities; however, when legally challenged, it has been demonstrated that some of the statutes are deficient. The draft legislation below constitutes no more than suggestions with respect to the problems posed by some licensing statutes. The language should, therefore, be introduced only after careful consideration of local conditions. Existing constitutional and statutory requirements should be examined.

In general, the draft is based on these premises: 1) government's responsibility to protect the rights and welfare of its citizens in matters related to the provision and use of services rests on a benevolent exercises of the police powers of the individual states; 2) day care as a facility or a service to be regulated to be an exercise of the doctrine of parens patriae -- the state acting as protector or ultimate guardian in matters affecting the welfare of children.)

SUGGESTED LEGISLATION

(Title, enacting clause etc.)

SECTION 1. /Short Title./ This Act shall be entitled The Child Day Care Facility Licensing Act. 1/

1/ (Comment. The statute is addressed to day care and not to the licensing of other child care or child placement facilities. Some legislatures may wish to include other licensing tasks in a single statute.)

SECTION 2. [Purpose.] The purpose of this Act is to authorize the licensing of day care facilities for children. Licenses are authorized if the Act and applicable rules and regulations are met. Penalties are established if day care facilities are operated without the required license. The purpose of licensing is to regulate day care facilities so as to assure that those facilities will offer and assure children the care, protection, supervision and the promotion of sound growth and development necessary to their health, safety and welfare.

SECTION 3. [Definitions.] As used in this Act:

(1) "day care" means the care, supervision, and guidance of a child or children, unaccompanied by a parent, on a regular basis, with or without pay, for periods of at least 2 hours but less than 24 hours per day, in a place other than the child's or the children's own home or homes;

(2) "day care facility" means a "family day care home," a "group day care home," or a "day care center," as defined in this Act, whether known or incorporated under some other descriptive title or name such as "Day Nursery," "Nursery School," "Child Play School," "Day Camp," "Child Development Center," "Early Childhood Center," "Recreation Center," and the like: provided, however, that "day care center" does not include a public or private elementary or secondary school engaged in providing legally authorized educational and related functions and which meets the accreditation standards applicable in that state; 2/

2/ (Comment. It is recognized, however, that a day care facility, subject to licensing, might be operated in connection with these public or private schools.)

(3) "family day care home" means an occupied private residence which receives one or more but fewer than seven children who are related or unrelated to the resident caregiver. No more than five children may be received when children under 3 years of age are received, and no more than two children under 3 may be received at the same time. The maximum number of children to be received shall be reduced by the number of children normally residing in the home.

(4) "group day care home" means an occupied private residence which receives seven through twelve children who are related or unrelated to the resident caregiver. The maximum number of children to be received shall be reduced by the number of children normally residing in the home. 3/

3/ (Comment. It is recognized, however, that the group day care home would probably require some modification of the home and that the modified home should serve only as many children as it can integrate into its own physical setting and pattern of living. It is especially suitable for school-age children, who do not require a great deal of mothering or individual care, and who can profit from considerable association with their peers. If preschool children are received, appropriate reduction should be made in the total number of children received or additional staff should be obtained. Preschool children should be cared for somewhat separately, and the child-staff ratio for the preschool group should not exceed five to one. If children under 3 are received, they should be cared for separately, by caregivers who are solely responsible for their care, and the child-staff ratio should not exceed two to one.)

(5) "day care center" means (i) any facility other than an occupied residence which receives one or more children for day care, or (ii) any facility including an occupied residence which provides day

57-649 O - 76 - pt. 2 - 13

care for 13 or more children including the children normally residing in the home and children received for day care who are related or unrelated to the resident caregiver. 4/

4/ (Comment. Day care centers should not accept children under 3 years of age unless the care approximates the mothering in the family home. If children under 3 are received, they should be cared for in a separate part of the center by caregivers who are solely responsible for their care, and the child-staff ratio should not exceed two to one. As far as a reasonable staffing pattern will permit, the same persons would be charged with the care of the same infants.) "Ratios for older children should be: 3-4, 1:5; 4-6, 1:7; 6-15, 1:10."

Child-staff ratios in all facilities should be lowered in all instances where children with handicapping conditions or special needs are served.

(6) DAY CARE OPERATOR. The person, corporation, partnership, voluntary association, or other public or private organization ultimately responsible for the overall operation of a day care facility.

(7) CAREGIVER. Any person whose duties include direct care, supervision and guidance of children in a day care facility.

(8) CHILD. A person who has not reached the eighteenth birthday.

(9) DEPARTMENT. The State agency designated to administer day care licensing under this Act. 5/

5/ (Comment. The licensing function should be carried by a state agency which has a major interest and responsibility for comprehensive services to children and their families. The legislature in each state can best identify that agency.)

(10) BOARD. The State Advisory Board on day care licensing named under this Act to advise the department.

(11) DIRECTOR. The administrative head of the department.

(12) RELATED. Any of the following relationships by marriage, blood, or adoption: parent, grandparent, brother, sister, step-parent, step-brother, step-sister, uncle, aunt.

(13) LICENSE. A license issued to an operator of a new day care facility authorizing the licensee to operate in accordance with the provisions of the license, this Act, and the rules and regulations of the department.

(14) PROVISIONAL LICENSE. A license issued to an operator of a new day care facility authorizing the licensee to begin operations although the licensee is temporarily unable to comply with all of the requirements for a license, but in no case shall such a provisional license be effective beyond 18 months.

(15) APPROVAL. A written notice issued to a department, agency, or institution of the State, or a county, city, or other political subdivision, approving the operation of a day care facility in accordance with the provision of the notice, this Act, and the rules and regulations of the department.

(16) PROVISIONAL APPROVAL. A written notice issued to a department, agency, or institution of the State, or a county, city, or other political subdivision approving the commencement of operations of a day care facility although the operator is temporarily unable to comply with all of the requirements for approval, but in no case shall such provisional approval be effective beyond 18 months.

SECTION 4 [Licensing and approval.]

a) No person, corporation, partnership, voluntary association, or other organization may operate a day care facility unless licensed to do so by the Department: Provided, however, that operation of a home specifically excluded from the definition of family day care home shall not preclude the issuance of a license if application is made for one.

b) Day care facilities operated by the State, or by a county, city, or other political subdivision, must meet or exceed requirements for all other licensed operators of day care facilities. The department, agency, or institution of the State, or the county, city, or other political subdivision which operates a day care facility or facilities shall obtain approval from the department rather than licensure in order to operate such facility or facilities. The department shall provide visitation, consultation, and information services to such departments, agencies, or institutions of the State, and to such counties, cities, or other political subdivisions.

c). Application for license or approval shall be made on forms supplied by the Department and in the manner it prescribes.

d) Before issuing a license or approval the Department shall conduct an investigation of the applicant and the proposed plan of care, maintenance, and supervision for children and for operating a day care facility. If the results of the investigation satisfy the department that the provisions of this Act and the applicable rules and regulations promulgated by the department are satisfied, a license or approval shall be issued. If the results of the investigation satisfy the Department that

all of the applicable rules and regulations cannot be met immediately but can and will be met within six months or less, and the deviations do not threaten the health or safety of the children, then a provisional license or provisional approval shall be issued for a period not to exceed six months from the date of such issuance.

SECTION 5. /Denial and Notice_7

a) An applicant who has been denied a license by the Department shall be given prompt written notice thereof by certified or registered mail to the address shown in the application. The notice shall contain a statement of the reasons for the denial and shall inform the applicant that there is a right to appeal the decision to the Director in writing within 30 days after the mailing of notice of denial. Upon receiving a timely written appeal the Director shall give the applicant reasonable notice and an oppportunity for a prompt hearing before an impartial hearing examiner with respect to the denial of the application. On the basis of the evidence adduced at the hearing, the hearing examiner shall make the final decision of the Department as to whether the application shall be granted either for a license or a provisional license or denied.

b) An applicant who has been denied approval by the Department shall be given prompt written notice thereof, which shall include a statement of the reasons for the denial. The notice also shall inform the applicant that it may, within 30 days after the mailing of the notice of denial appeal the denial by making a written request to the director for an opportunity to show cause why its application should not be denied. Upon receiving a timely written request the director shall give the applicant reasonable notice and an opportunity for a prompt, informal

meeting with the director or his designee with respect to the denial of the application and an opportunity to submit written material with respect thereto. On the basis of the available evidence, including information obtained at the informal meeting and from the written material, the Director shall decide whether the application shall be granted for approval, provisional approval or denied. The decision of the Director shall be in writing, shall contain findings of fact and rulings of law, and shall be mailed to the parties to the proceedings by certified or registered mail to their last known addresses as may be shown in the application, or otherwise.

SECTION 6. /Powers to suspend, revoke, or make probationary_7

a) The Department shall have power to suspend, revoke, or make probationary a license or approval if a licensee or approved operator is found not to comply with the rules and regulations of the Department respecting day care facilities.

b) A licensee or approved operator whose license or approval is about to be suspended, revoked or made probationary shall be given written notice by certified or registered mail addressed to the location shown on the license or approval. 6/

6/ (Comment. The text permits suspension and revocation only after opportunity for a hearing. It should be noted that Section 7 of the Act provides for injunctive relief where serious harm to children is threatened.)

The notice shall contain a statement of and the reasons for the proposed action and shall inform the licensee or approved operator that there is a right to appeal the decision to the director in writing within 10 days after the mailing of the notice of the proposed action. If no timely written appeal is made, the license shall be suspended, revoked or made probationary as of the termination of the 10 day period.

In the case of a license, upon receiving a timely written appeal the director shall give the licensee reasonable notice and an opportunity for a prompt hearing before a hearing examiner with respect to the proposed action. On the basis of the evidence adduced at the hearing, the hearing examiner shall make the final decision of the Department as to whether the license shall be suspended, revoked or made probationary.

In the case of an approval, upon receiving a timely written appeal, the director shall give the approved operator reasonable notice and an opportunity for a prompt, informal meeting with the Director or his designee with respect to the proposed action, and an opportunity to submit written material with respect thereto. On the basis of the available evidence including information obtained at the informal meeting and from the written material, the Director shall decide whether the approval shall be suspended, revoked or made probationary. The decision of the Director shall be in writing, shall contain findings of fact and rulings of law, and shall be mailed to the parties to the proceedings by certified or registered mail to their last known addresses as may be shown in the application, or otherwise.

Provided, however, that if the Director finds that the health or safety of the children so requires, he shall order the immediate suspension of the license or approval. The licensee or approved operator shall be given written notice of the order by personal service or by certified or registered mail addressed to the location shown on the license or approval. The notice shall contain a statement of the reasons for the suspension and shall inform the licensee or approved operator that there is a right to petition the Director to reconsider the order. The petition shall be in writing and shall be made within 10 days after the personal service or the mailing of the order. In the case of a license, upon receiving a timely written petition, the Director shall give the licensee or approved operator reasonable notice and an opportunity for a prompt hearing before a hearing examiner with respect to the order of suspension of the license or approval. On the basis of the evidence adduced at the hearing, the hearing examiner shall make the final decision of the Department as to whether the order of suspension shall be affirmed or reversed.

In the case of an approval, upon receiving a timely written petition, the Director shall give the approved operator reasonable notice and an opportunity for a prompt, informal meeting with the Director or his designee with respect to the proposed action, and an opportunity to submit written material with respect thereto. On the basis of the available evidence, including information obtained at the informal meeting and from the written material, the Director shall decide whether the order of suspension shall

be affirmed or reversed. The decision of the Director shall be in writing, shall contain findings of fact and rulings of law, and shall be mailed to the parties to the proceedings by certified or registered mail to their last known addresses as may be shown in the application, or otherwise.

c) At the hearing provided for by this section or by Section 5, the applicant or licensee may be represented by counsel, and has the right to call, examine and cross-examine witnesses. The hearing examiner is empowered to require the presence of witnesses and evidence by subpoena on behalf of the appellant or Department. Hearing examiner decisions shall be in writing, shall contain findings of fact and rulings of law, and shall be mailed to the parties to the proceedings by certified or registered mail to their last known addresses as may be shown in the application, or otherwise. 8/

8/ (Comment. The licensee is entitled to a trial-type hearing on the issue of suspension or revocation.)

SECTION 7. [Rules and regulations.]

a) The Department shall develop and promulgate rules and regulations for the operation and maintenance of day care facilities, and for the granting, suspending, revoking and making probationary of both licenses and approvals and provisional licenses and provisional approvals. In developing such rules and regulations the Department shall consult with:

(1) Other appropriate State agencies (including the State Board of Health, the State Department of Education, the State Fire Marshal and the State Attorney General).

57-649 O - 78 - pt. 2 - 14

The agencies consulted are hereby directed to cooperate with and assist the Department in developing appropriate rules and regulations for the licensing and approval of day care facilities.

(2) Parents, guardians or custodians of those children who use the service.

(3) Child advocacy groups.

(4) The State Advisory Board on day care licensing established by this Act.

(5) Representatives of those who operate day care facilities.

(6) Experts in the various professional fields which are relevant to child care, child development, child health, and early childhood education.

Draft formulations shall be widely circulated for criticism and comment. 8/

8/ (Comment. The main thrust of the Act is to enable the appropriate state agency to develop and promulgate the detailed standards, rules and regulations needed both for the substantive and procedural aspects of licensing day care facilities. The agency will possess the experience and the expert assistance which such detail requires. Further, legislation is not as easily amended as licensing regulations ought to be in light of accumulated experience.)

b) The rules and regulations for operating and maintaining day care facilities shall be designed to promote the health, safety and welfare of the children who are to be served by assuring safe and adequate surroundings and healthful food; by assuring supervision and care of the children by capable, qualified personnel of sufficient number; by assuring an adequate program of activities and services to enhance the development of each child; and by assuring continuous parental participation in all aspects of the program.

The rules and regulations with respect to granting, suspending, revoking and making probationary licenses and approvals and licensing and approval administration shall be designed to promote the proper and efficient processing of matters within the cognizance of the Department and to assure applicants, licensees and approved operators fair and expeditious treatment under the law. 9/

9/ (Comment. The text offers the legislative standards which are to guide the development and promulgation of administrative standards, rules and regulations. More specific legislative guidelines may be necessary in states where serious constitutional issues of delegation of power may arise.)

c) The Department shall conduct a comprehensive review of its licensing and approval rules and regulations, at least once each three years.

d) The rules and regulations shall be published in such a way as to make them readily available to the public.

e) The Department shall publish a proposed final draft of the rules and regulations, and amendments, as required by the provisions of (the State Code of Administrative Procedure); provided, however, that, in any event, they shall be published in media of general circulation in order to reach the public statewide at least 60 days and no more than 90 days before they are proposed to go into effect. The publication also shall invite comments by interested parties. A public hearing will be held at least 30 days prior to adoption of the rules and regulations by the Department.

SECTION 8. [Penalties.]

The operation of a day care facility without a license is a misdemeanor punishable _____. The Department is empowered to seek an injunction in the _____Court against the continuing operation of a day care facility:

(1) When there is any violation of this Act or of the rules and regulations promulgated by the Department which threatens serious harm to children in the day care facility, or

(2) When a licensee or approved operator has repeatedly violated this Act or any of the rules and regulations of the Department.

Proceedings for securing such injunctions may be brought by (the Attorney General, or by the County Attorney or District Attorney of the Jurisdiction in which the day care facility is located).

SECTION 9. [Expiration and Renewal.] Regular licenses and approvals expire at the end of one year from the date of issuance except that when a license or approval is issued immediately following the expiration of a provisional license or approval the expiration of the license or approval shall be one year from the date of the expiration of the original license or approval. Licenses and approvals may be renewed upon application and approval.

Each license certificate and written approval shall clearly state the kind of program the licensee or approved operator is permitted to undertake, the address of the licensee or approved operator, the location of the facility, and the number of children who may be served.

SECTION 10. [Investigation and Inspection.] In exercising the powers of licensing, renewing, approving, suspending, revoking, or making probationary licenses and approvals the Department shall investigate and inspect licensees and approved operators and applicants for a license or an approval. The authorized representative of the Department may visit a day care facility at any time during the hours of operation for purposes of investigations and inspections. In conducting investigations and inspections, the Department may call on political subdivisions and governmental agencies for appropriate assistance within their authorized fields and it is authorized to contract for and effect payment for such assistance.

The licensee, approved operator or applicant shall cooperate with the investigation and inspection by providing access to its facilities, records and staff. Failure to comply with the lawful requests of the Department in connection with the investigation and inspection is a ground for revocation of license or approval or for a denial of application. The investigation and inspection may involve consideration of any facts, conditions or circumstances relevant to the operation of the day care facility, including references and other information about the character and quality of the personnel of the facility.

SECTION 11. [Appeal and Judgment.]

Any final decision of the Department made by a hearing examiner after a hearing, or by the Director after an informal meeting and review of the available evidence, may be appealed by a party to the hearing or the informal meeting to the _____ Court for review (by commencement of a civil action) within _____ days after the mailing to the party of the notice of the decision. The review shall not consist of a trial de novo. The findings of the hearing examiner or the Director as to any fact, if supported by substantial evidence, shall be conclusive. The Court shall have power to enter judgment upon the pleadings and a certified transcript of the record which shall include the evidence upon which the findings and decision appealed are based.

SECTION 12. [Consultation.]

The Department shall offer consultation through employed staff or other qualified persons to assist a potential applicant, applicants, licensees, and approved operators in meeting and maintaining requirements for licensing and approval and to help them otherwise to achieve programs of excellence related to the care of children served.

SECTION 13. [Establishment of State Advisory Board.]

A State Advisory Board on day care facility licensing is hereby established. It shall consist of _____ members appointed by the (Governor), in accordance with the following:

a) At least 50% of the members appointed shall be parents of children receiving day care services at the time of appointment who are broadly representative of all such parents in the State. They shall be appointed from a list which has been compiled and submitted to the Governor by the Department. The list shall contain a number of names equal to twice the number of parent vacancies plus one.

b) Approximately 1/2 of the remainder of the members appointed shall be representatives of licensees and approved operators. They shall be appointed from a list compiled and submitted to the Governor by the Department, which shall consist of the names of persons who own, operate, administer, or serve on the staff or governing board of day care facilities. The list shall contain a number of names equal to twice the number of vacant positions in this category plus one.

c) The remainder of the members appointed shall be specialists in the various professional fields which are relevant to child care, child development, child health, and early childhood education. They shall be appointed from a list compiled and submitted to the Governor by the Department, which shall consist of the names of persons who have special qualifications, either by training or experience, in one of said fields. The list shall contain a number of names equal to twice the number of vacant positions in this category plus one.

d) Members shall serve without pay, but shall be entitled to reimbursement for the reasonable expenses of attending meetings, and a per diem allowance of $_____ for each day the board is in session.

e) Members shall serve for a term of three years from their appointment. Those appointed to fill vacancies created for any reason shall serve only the unexpired portion of the term unless reappointed thereafter. Notwithstanding the foregoing, approximately one-third of the initial appointees shall serve for a one year period and approximately one third shall serve for a two year period; the approximately two thirds of the members whose initial terms shall be so shortened shall be chosen by casting lots among all the appointees. No board member shall be permitted to succeed himself after serving a full three year term of office.

SECTION 14. [Powers of State Advisory Board.]

The State Advisory Board on day care facility licensing shall:

a) Review rules and regulations proposed by the Department and make recommendations thereon to the Director.

b) Make proposals for the improvement of day care licensing by proposing legislation or rules and regulations to the Department.

c) Advise the Department on matters of licensing policy, planning and priorities.

THOSE MEMBER ORGANIZATIONS OF NCOCY WHO HAVE ENDORSED THE STATE DAY CARE FACILITY LICENSING ACT

AFL-CIO
Amalgamated Clothing Workers of America (AFL-CIO)
American Association of University Women
American Federation of Teachers (AFL-CIO)
American Home Economics Association
American Institute of Family Relations
American Nurses Association
American Occupational Therapy Association
American Optometric Association
American Parents Committee
American Psychological Association
Association for Childhood Education International
Children's Foundation
Child Welfare League of America
Daughters of Isabella
Day Care Council of Nassau County
Day Care Council of New York City
Home and School Institute
Lutheran Church
Minnesota Children's Lobby
National Association of Social Workers
National Association of Training Schools and Juvenile Agencies
National Child Day Care Association
National Consumers League
National Council of Jewish Women
National Women's Conference of the American Ethical Union
National Youth Council on Civic Affairs
Parents Without Partners
Quality Child Care, Inc.
The Salvation Army
Teen-Age Assembly of America
United Church of Christ - Board for Homeland Ministries
United Church of Christ - Division of Health and Welfare
United Neighborhood Houses
Volunteers of America

Mr. BRADEMAS. The Chair might take this opportunity to observe that Senator Mondale had to leave to go to the floor of the Senate in connection with the debate there on the filibuster.

The Senator regrets very much having to leave. He asked that he be allowed to submit questions in writing to the various witnesses.

We are next very pleased to hear from a distinguished member of the House, a Representative who has long had a long and a deep interest in children and is, I am pleased to say, a Member of the House of Representatives from my own State of Indiana.

We are pleased to welcome back to Congress the gentleman from Indiana, the Honorable Andrew Jacobs.

Mr. Jacobs, glad to have you with us.

STATEMENT OF HON. ANDREW JACOBS, JR., A U.S. REPRESENTATIVE IN CONGRESS FROM THE STATE OF INDIANA

Mr. JACOBS. Mr. Chairperson, I don't object to Senator Mondale's absence at all because he is one of the Members of Congress who needs no advice on this subject. That cannot be said, I think, of some other Members of the Congress or the public in general.

I am in your debt, sir, for the honor of serving this tour on the Ways and Means Committee.

A week from now there will be a national television coverage of our discussions on the so-called energy crisis.

I would in a moment trade that national television coverage for national television coverage of your hearings here because this is really the important matter which unfortunately is not before the Nation, as the film I would like to show you in about three minutes will illustrate.

The national administration has had some difficulty in determining what is "Public Enemy No. 1." A few months ago it seemed to be inflation. Later it seemed to be recession. Now it is Congress.

The point is, I think, that no Viet Cong soldier is likely to mug anybody in the United States at any time soon. Nontheless, people are likely to be mugged in the United States and indeed are.

A young woman employed by a United States Senator was held up at gunpoint at 5:30 p.m. 3 days ago, one block from the Senate Office Building.

So it all comes down to the old New England story of the town meeting where they were discussing whether to build a new school or a new bridge. The discussion raged on into the evening until finally an elderly gentleman arose and said:

> It seem to me the nub of the question is whether 10 or 15 years from now we want educated citizens going back and forth over an old bridge or ignoramuses going back and forth over a new one.

So it seems to me the issue before your committee, before the Congress, before this country, before all of humanity, is to decide whether it is more important to ride a little further in an automobile or to be what Jefferson considered—and I wish you had his bust rather than the other gentleman in the room, sir—vital, that is, educated. Without universal education, which cannot be had if the first 6 years of life are devoid of any education at all, a democracy cannot endure.

As I understand it, one of the objections to preschool training in the United States is that the Russians do it and the Chinese do it, a very curious theory that all cottage cheese is made in cottages.

I hesitate, indeed I shudder to think what might happen if word ever gets to this country that the Russians eat dinner and make love.

Mr. Chairman, finally I want to point out that this film was made 6½ years ago and therefore is somewhat older, as is its author.

I acknowledge that the term "culturally deprived" is out of date and probably was inaccurate even when it was used.

I would ask that it be amended and that you insert the word "educationally disadvantaged."

Following the research of scholars in this area we have to consider very seriously the possibility of bringing linguistics and other subjects to the lives of children before the age of 3 or 4, mainly from age zero to 3, by visitation of foster uncles and aunts, perhaps upper class high schools and college students, could be given sociology credit for visiting in the homes.

I apologize for the errors in this film.

I wish it would be made part of the record.

I wish that the news media would come over here, instead of the Ways and Means Committee, and watch it. I think your long labor in this field would be rewarded and one day your image would be over there in the corner.

Thank you.

Mr. BRADEMAS. I thank the gentleman from Indiana.

May I make just one observation before the film is started?

Mr. Jacobs has alluded to the role of the news media. I cannot help recalling and I am sure my colleague from Washington, Mr. Meeds, will remember, that in 1970 and 1971 when the subcommittee was writing the comprehensive child development bill, both the New York Times and the Washington Post published news stories—in the former case a long story, in the latter case an editorial—on the bill. Both that perhaps the most important piece of social legislation since the Social Security Act had been making its way through the legislative process in sleeper fashion, that it had not been noticed and somehow had burst full-blown upon the scene.

The only reason it had not been noticed was that those great newspapers and the media generally had not bothered to notice it.

In like fashion I don't see that we are overwhelmed today with journalistic coverage of these matters which stimulates me to make an observation about the efficiency of the coverage of the operations of the U.S. House of Representatives by the media in this town.

But I shall suppress my enthusiasm for that because of our time limitations and we will look at your movie.

Mr. JACOBS. Mr. Chairman, it lasts 13⅓ minutes.

[A movie was shown.]

Mr. BRADEMAS. Thank you, Congressman Jacobs, for a most powerful and eloquent film which, as you said, was made some years ago, but still seems to be very much up to date in terms of the message which it carries.

We are very grateful to you for having testified for us and letting us see this splendid film.

Next we are pleased to hear from Dr. Frederick Green, assistant director of Children's Hospital in Washington, D.C., accompanied by John H. Sharon, president of the board of directors of the Children's Hospital National Medical Center.

Gentleman, very pleased to have you with us.

Dr. Green, again, if you can summarize your statement we should be very grateful.

Mr. SHARON. Mr. Chairman, I thought I would introduce Dr. Green. But I could not let this opportunity pass. As the president of Children's Hospital I express our gratitude to you, Senator Mondale and to the other members of this committee of Congress for the work that they did in passing the Child Abuse Act of 1974. That was an essential bill.

It is being implemented, as you know. We have just received a 3-year grant as one of 12 medical centers to receive substantial demonstration grants on child abuse and neglect.

Our staff is actively implementing that grant.

As you know, your hearings only touch the tip of the iceberg. We hope that this legislation, with the work that will be done, will get to the bottom of it.

As president of Children's, it is a great honor for me to introduce Dr. Green.

I am also here as a parent of a handicapped child. But I will comment on that later.

Dr. Green is associate director at our hospital and administers the Office of Child Health Advocacy. He is professor of child health and development at George Washington University School of Medicine and the health sciences and a graduate of Indiana University and Harvard Medical School.

He has recently returned from a trip to Africa, where he visited Kenya, Nigeria, Egypt, Tanzania, and Mozambique.

I don't think there is a more qualified expert witness in the world than Dr. Green.

Mr. BRADEMAS. Thank you very much. Dr. Green?

STATEMENT OF FREDERICK C. GREEN, M.D., F.A.A.P., ASSOCIATE DIRECTOR, CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER, WASHINGTON, D.C., ACCOMPANIED BY JOHN H. SHARON, PRESIDENT OF THE BOARD OF DIRECTORS OF THE CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER

Dr. GREEN. Mr. Chairman, members of this subcommittee, prior to making this statement I am compelled to make one comment regarding the research issue that has been mentioned.

I do feel that there is a plethora of research in child development, as our various journals and the Secretariat of Child Development Research Children's Bureau, O.C.D., O.H.D., and HEW, indicate.

However I suggest to you that there is a continued need for further research. If such questions are posed from a culturally biased perspective, you will find that they may well be invalid.

I would like to point out that in 1971 in the Office of Child Development, Children's Bureau, 85 percent of the children studied were black. Yet less than 2 percent of those conducting such studies were black.

So, therefore prior to presenting my prepared statement, I would like to suggest that there is still a need for appropriate and relevant research where individuals can look at a child without cultural bias.

In too many instances, the black child is looked at as an individual who is totally disadvantaged.

I say to you that there are strengths in the black child and children of various minority groups that must be identified and built upon.

Mr. BRADEMAS. Thank you very much, Dr. Green.

Particularly I want to thank you for the specific observations you made regarding amendments to various provisions of the bill.

Mr. Sharon?

Mr. SHARON. Mr. Chairman, as you know, over 10 years ago I had a boy who was born with arthrophricotis. That means he has no cartilage in any part of his body. His legs and arms are twisted around like rope. He had club feet, club hands. It is not a rare occurrence. It happens in 1 out of 15,000 births.

At the hospital he was not expected to live. For 47 days a team of doctors worked to save his life. Since then he has had 15 surgical operations. He has 10 more ahead of him.

For 4 years 90 percent of his body was placed in a plastic cast which had to be changed every 10 days to 2 weeks.

Today, at the age of 10, he walks with braces. He is a bright little student over at St. Albans. But he can't feed or clothe himself yet.

The point I want to make is that most insurance companies will not cover a child who is born physically handicapped.

After the age of 14 days, they will cover that child. But if that child is born handicapped it requires years and years of surgery and physical therapy. That is a financial drain on that family that lasts almost forever and can wipe them out.

I think it is terribly, terribly important for this legislation to distinguish between mentally handicapped and physically handicapped.

The key to treating a physically handicapped child is to treat him absolutely normally, as Dr. Green, I think, has alluded to. And if so, if you do so, he will bring unique joy and a love and a cheer to all the souls that he will touch.

Mr. BRADEMAS. Thank you very much, Mr. Sharon.

The Chair wants to take this opportunity to thank you also for the splendid support that you and your associates gave to the passage of the child abuse legislation to which you made reference earlier.

Thank you for the continued leadership you give in your capacity as a lay leader of the work of Children's Hospital.

I have just one question, Dr. Green, to ask you. It is a question that I ask a number of witnesses, as you are aware. It is a double-headed question of your attitude with respect to the use of funds from this proposed legislation for profitmaking institutions either A as prime sponsors or B as providers of services, to be purchased.

Dr. GREEN. I am influenced negatively by the past record of the profitmaking organizations to be considered as prime sponsors.

This leads into a concern regarding the degree and meaningfulness of parent participation in such institutions. It is my opinion that there would be very little parent participation in the profitmaking organizations.

Any program planning must include both parents and those who deliver and underwrite care.

I would hope that these parent councils et cetera would be forums for cooperative efforts rather than battlegrounds for control. We must recognize that in many instances, particularly in some of our black communities, there is a critical need for parents to have a very vital and outspoken role—in determining what program components are necessary, because many of the professionals may not be sensitive to specific community need.

I do not feel that profitmaking organizations would be the appropriate site for prime sponsorship.

I concede that they could possibly be utilized by prime sponsors in delivering services, providing that the quality of care is maintained.

Mr. BRADEMAS. Thank you. I appreciate that response.

I would observe that whether we talk about prime sponsors or providers of services, and whether we are talking about profit or nonprofit institutions, there would have to be parental involvement under the bill, as introduced.

Mr. Meeds of Washington?

Mr. MEEDS. Thank you, Mr. Chairman.

Dr. Green, my compliments on your statements and in particular for your specific recommendations. We apreciate those very much.

I would like to ask questions that are really questions that I meant to ask the other group which came before but I also wonder what you would respond.

As you are probably aware, the formula for the distribution of funds under the bill provides that 50 percent would be apportioned among the States and in the local areas on the basis of economic disadvantaged children.

Twenty five percent would be proportioned among the States and within the States on the basis of the number of children in the State and then 25 percent of the remaining one-quarter with respect to the relative number of children of working mothers and single parents.

I am sure I am not misspeaking and misunderstanding when I say that the former group thought the bulk of the cash should go to single-parent families.

Do you think that formula will get the money to those families?

Or do you have a comment you would like to make about it?

Dr. GREEN. Yes. That presupposes my concurrence with the concept of identifying the single-parent family as the primary family at risk.

Forty-eight percent of the children that come to our clinics are from single-parent families.

I am not as concerned with the structure of the family as I am with the function of the family. The capability of many single parents to be competent in this role is undeniable.

I think there are many children today who are competent adults who have been reared in a single-parent family.

I wish we would not be so concerned with that structure.

There are many, many children from the traditional nuclear family who are at a greater risk with, for instance, a totally incompetent father who may be living in the home but who is dysfunctional.

I do feel that the format would address the needs of those particularly at risk. But I have a feeling that the 50 percent for those iden-

tified as a poverty group is not going to take care of the working people—the people who are just above the poverty level—who are getting the short end of the stick in too many of our programs.

That would probably be covered in the 25 percent for the children under 5. I would like to see that percentage raised.

Mr. MEEDS. I think that is very interesting, Dr. Green.

Recently there was an article in the Washington Post indicating that 10 percent of the total population of the United States now lives in single-parent-headed families and that one-third of all the people in poverty in the United States are from single-parent-head families, one-third.

Mr. SHARON. In the city of Washington it is much greater.

Mr. MEEDS. I am sure it is. But I think probably—while the former group didn't recognize it—when you hit the economically disadvantaged with 50 percent and then another 25 percent for the single-headed families, you really are zeroing in on the basic part of the problem.

Dr. GREEN. I admit that most single-parent families are economically disadvantaged and should be so recognized, but not at the expense of other structurally different families at similar risk.

Mr. MEEDS. True. This is merely for the distribution of funds, not for the kinds of programs.

Thank you very much.

Mr. BRADEMAS. The gentleman from South Dakota, Mr. Pressler.

Mr. PRESSLER. I think the testimony we have heard is very useful.

I am curious as to how we would write this legislation in order to include handicapped children and at the same time guarantee them being properly labeled.

Mr. SHARON. We can help you write the legislation.

Mr. PRESSLER. What would it say?

Mr. SHARON. I won't do it now. But it has got to be fairly precise and cover a broad spectrum of what is handicapped and what is not handicapped.

Mr. PRESSLER. Is there any distinction between physically handicapped children and mentally handicapped children in your view in terms of this legislation?

Dr. GREEN. I think we can call upon our experience from the Head Start program, a program that was mandated 2 years ago to assign 10 percent of its resources for handicapped children.

A tremendous amount of work has been done. They have already identified the handicapped child who would be included in the program.

I respectfully submit that that work has been done and is available and seems quite appropriate to this bill.

Mr. PRESSLER. One additional question regarding a statement about insurance companies not picking up handicapped children.

I believe—am I wrong?—Blue Cross and Blue Shield does cover children born with cerebral palsy, for example.

Are you suggesting that after 14 days that they drop the child?

Mr. SHARON. There are some insurance companies that consider a child who is born with a handicap uninsurable between zero and 14 days after birth. If you apply later for insurance that child will not be covered.

Mr. PRESSLER. I see. But if the family has health insurance and they have a handicapped child born, is the child usually covered?

Mr. SHARON. He usually is covered. But it varies.

Mr. PRESSLER. How long?

Mr. SHARON. It varies from insurance company to insurance company. If you have the policy for a year or 2 and you have had other normal siblings, the handicapped child would be covered.

Mr. PRESSLER. For how long?

Mr. SHARON. Forever. But there are many, many people, many poor people, who can't afford——

Mr. PRESSLER. I am aware of that. But I wanted to clear up that point because I think that if parents do have health insurance—I don't think that most insurance companies cut off children at 14 days.

There are a lot of things that need to be improved about our health insurance, private companies. But they do pick up the responsibility for handicapped children.

Mr. SHARON. Quite true. But there are so many, many, many millions of Americans who can't afford health insurance. And when they have a physically handicapped child and later apply for medical insurance, the child has no coverage.

Mr. PRESSLER. That is right. But that is quite another point than the one I am trying to make.

Mr. SHARON. Surely.

Mr. PRESSLER. No further questions.

Mr. BRADEMAS. Mr. Cornell, of Wisconsin?

Mr. CORNELL. Thank you, Mr. Chairman.

I was truly struck, Dr. Green, by the eight points of your suggestions. I certainly agree that at all costs the program should be socially, culturally and ethnically integrated to serve the total maximum developmental progress of the child.

Do you have any suggestions or do you believe that specific provisions should be put in the legislation in reference to this.

Dr. GREEN. I am firmly committed to that concept. I do not feel that a community that is in desperate need and is unable to have the kind of ethnic integration that we speak about should be denied funds at all.

I would say that if a child is to be reared in a preschool environment, where we are speaking of experimental needs and motivational needs, at this point in time I think it is vital that we have at least a microcosm of the society at work within that preschool environment.

Yes; I would hope that it would be strongly recommended, written in the legislation, that there be ethnic, social, and cultural integration.

When we identify programs only for the poor, for example, there frankly, will be some problems in assuring the kind of care that should be present.

Mr. CORNELL. Surely we agree on this. But I am concerned that it is one thing to put something down more or less on a theoretical basis and to actually carry it out in practice.

I was wondering, since you made reference to black communities, if you knew how this could be achieved.

Presumably this is on a more local neighborhood than, let us say, a neighborhood school.

Dr. GREEN. I see you are leading me into the area of busing of children. I assume that—whether or not busing is an appropriate vehicle for assuring that the preschool programs would at least be implemented in the way that I have mentioned here is subject to the existing Federal law.

Frankly, I see no great merit at this point in denying a community funds, and particularly the community I came from, which was central Harlem, simply because there would not be enough white children to sit next to black children in that central Harlem community.

I think at this point in time it is vital that the community be given these funds; with the parent participation in the parent councils assuming their responsibility I think that appropriate recommendations can be made.

Do you want me to say am I in favor of busing children?

Mr. CORNELL. No. I want to know if you think, as I do, that it should be put in the legislation in such a way that required integration.

Mr. SHARON. Let me take Dr. Green off the hook.

Dr. GREEN. No; I would like to stay on this subject, if you don't mind, sir.

I would like to see this legislation assure that there will be a racial, ethnic, and cultural integration of the programs where possible, in compliance with existing Federal law.

Mr. BRADEMAS. Would the gentleman from Wisconsin yield for an observation at this point?

I would simply call to the attention of the subcommittee and the witnesses that the language of S. 626—and there is similar language in the House bill—at page 25, beginning at line 23, the words in subsection 6, quote, "provides that to the extent feasible each program within the prime sponsorship area shall include children from a range of socio-economic backgrounds."

If I understand what Dr. Green is saying, it is in effect identical to that language as is what my colleague from Wisconsin is saying, unless I misunderstand him.

Mr. SHARON. Mr. Cornell, we have 114,000 outpatients a year at Children's Hospital here in Washington; 98 percent of those are black, 2 percent are white. Our inpatients range between 12 and 14,000. They are about 50 percent black and 50 percent white. They come in buses from all over the city, from all over the community. Some come from all over the world. And there is no problem, for us, anyway.

Mr. CORNELL. I just want to make a final observation that I thoroughly agree with statement No. 8. I think it is absolutely essential especially in this particular age that we have socially, economically, and culturally integrated child care centers in order to lay the cornerstone of a far better society.

I just wished to get further elucidation of that question.

Thank you.

Mr. BRADEMAS. Mr. Miller of California.

Mr. MILLER. Thank you, Mr. Chairman.

There was some discussion earlier about the formula for allocation regarding the structure of the family.

Dr. GREEN. Regarding your testimony on the function of the family—I tend to agree with you and it is my concern that the formulas are

there because we are really admitting that we are not going to provide enough money to go on the basis of need.

Therefore we have got to make sure that some of the poor get taken care of, some of the disadvantaged, that some of the minority groups get taken care of so the funds don't get ripped off by the grantsmanship that you mentioned before or by the people who have special relationships with the agencies.

That has distrubed me. I guess only being here a month I am still idealistic.

The reason we have such an expensive health care system is that we have segregated the elderly from the poor, and so on, instead of providing a mainstream of medicine.

Witness after witness yesterday and today has testified to the need for figures regarding children whom we simply can't account for during given periods of the day, who are suffering from deficiencies that again we can't account for.

And yet we are going to segregate them into various classes and we are going to provide a formula to make sure that somehow or other it looks like we are doing something.

Here we are again with a demonstrated need and we are going to go through a lot of motion to look like we are addressing a problem.

I don't mean to be disparaging of the authors of this legislation since I am one of the coauthors. But we are really asking them to scramble for the money, to make their case.

We find the first statement in this legislation is for a family that asks for this help. But that family is not going to get it because we are going to say, "Well, I am sorry. You are not a single parent. We don't have money for your category." The child needs that help.

Feel free to address yourself to that question if you like. It is a statement on my part.

One of the problems you uncover in legislation such as this is the problem of rehabilitative services. We are talking about full comprehensive screening for the children.

On page 9 of the legislation we talk about trying to ameliorate, identify physical and mental and emotional handicaps.

I suggest that "ameliorate" is a very weak word. The alternative to providing rehabilitative services is a very expensive word.

I would like you to comment on how you think that might be accomplished in terms of providing the full gambit of services that we envision.

Dr. GREEN. I would just like to make one comment on this rhetorical question which you pose, and that is that the present state of our political system is such that we have to stick labels on people and groups of people in order to get resources to be able to meet their needs.

In order to get legislation passed on autistic children there has to be legislation passed for comprehensive health services to all children.

I think there are certain kinds of emotional issues that must be used in order to get the clout that is necessary to bring about legislation.

I dislike children being labeled, all children from single-parent families being labeled as "disadvantaged." There are many children who are from nuclear families who are just as needy, and in some way our legislation must be able to address the needs of children instead of the categories of their parents.

Mr. SHARON. Mr. Miller, as a native Californian I share your statement. It is an excellent one. I am glad it is in the record.

I was driving down a highway in your State and saw on a great big black Lincoln Continental two bumper stickers.

One said, "If you have found Jesus, honk once. If you are Jesus, honk twice."

Mr. MILLER. Doctor, I hope you might provide some help to this committee on the question of grantsmanship and what the criteria are, and how does an applicant demonstrate that need?

We know that the handicaps suffered during pregnancy due to nutritional deficiencies and so forth really aren't recorded in many instances.

I think it is important. The grantsmanship thing worries the hell out of me in this regard.

Also there is the question of rehabilitative services and to what extent the funds are in this program.

Thank you very much.

Mr. SHARON. Thank you.

Mr. BRADEMAS. Dr. Green, Mr. Sharon, thank you both very much for having come.

[The prepared statement of Dr. Green follows:]

STATEMENT OF

FREDERICK C. GREEN, M.D., F.A.A.P.

ON

CHILD AND FAMILY SERVICES ACT

BEFORE THE

JOINT HOUSE-SENATE SUBCOMMITTEE

ON

SELECT EDUCATION AND CHILDREN AND YOUTH

FRIDAY, FEBRUARY 21, 1975

Mr. Chairman and Members of the House Subcommittee on Select Education and the Senate Subcommittee on Children and Youth, I am pleased to have this opportunity to testify in support of S. 626 and H.R. 2968 - Child and Family Services Act.

As an active participant and workshop leader in Forum 10 of the White House Conference on Children, I enthusiastically supported the number one Overriding Concern; namely, the need for "Comprehensive family oriented child development programs including health services, day care and early childhood education."

As the Associate Chief of the Children's Bureau, OCD, HEW, from 1971 - 1973, my elation over your passage of S. 2007 - the Economic Opportunity Amendments of 1971 was converted to bitter dismay over the unjustified vehemence of veto message by former President Nixon.

Today, as a pediatric practitioner and educator, I feel an obligation to speak to the needs of our 25 million citizens under the age of 6 years and specifically to the needs of our 6 million preschool children who require full or part-time care outside of their homes because their mothers must work.

The dismal state of our country's economy notwithstanding, those of us working in the fields of Maternal and Child Health, Child Development and Child Welfare are legitimately dismayed by the apparent low priority placed on programs that may be critical determinants in enhancing the developmental potential of our children.

We have seen few if any of the 16 Overriding Concerns and 25 specific recommendations of the 1970 W.H.C.C. implemented. We have seen Title V, Maternal and Child Health Projects (C&Y and M&I) that have proven their effectiveness in reducing fetal wastage and infant mortality; in the

early identification and correction of physical and mental deficits; and in the prevention of disease, significantly emasculated bureaucratically. We have seen the EPSDT provision of Medicaid - the law since 1967 - ineffectually implemented. In essence, we have seen these and many other programs, with great potential for enhancing the quality of life of our children, simply not brought to fruition. All of this, against a background of steadily increasing needs.

I believe this bill to be consonant with a principal declaring that if, in the best interest of a child, society has a right to intervene when the child's well-being is jeopardized by parental failure, then surely society has an obligation to be supportive to parents in order to prevent such failure. Supportive is the key word rather than programs that essentially displace the parent.

Although there is little that I can disagree with in this bill, I would like to make the 8 following observations.

1. Title I; Sec. 101 - Establishment of the Office of Child and Family Services -

   Experience has shown that attempts to coordinate disparate programs without bureaucratic clout is futile. Therefore, hopefully the Director of the Office of Child and Family Services, although appointed by the President and located in the Office of the Secretary, HEW, will hold the rank of an Assistant Secretary. This will be the first step toward implementing Recommendation 12 of the 1970 W.H.C.C. that requests the establishment of a "Department of Family and Children with Cabinet status: state and local councils, all adequately funded."

2. Title I; Sec. 102 (b)(2)-(G&H)- Health Services

   In light of our presently unacceptable immunization completion rate and serious deficits in primary health care to preschool children,

these programs should serve as an entry point for children and their families into a comprehensive health care system. Complete and ongoing health assessment as well as completion of the basic immunizations, in my opinion, should be obligatory.

3. Title I; Sec. 102 (b)(2)(D) - Maternal Health

I agree that emphasis should be placed on prenatal and post partum care, however, if inter-conceptual care is also included, significant benefits may accrue.

4. Title I; Sec. 105 - Child and Family Service Councils

Emphasis is justifiably placed on meaningful parent participation on such councils; however, I am concerned that the bill does not specifically assure the participation of individuals knowledgeable in the fields of child health and welfare as non parent member of these policy formulating councils.

5. Title I; Sec. 103 (a) - Handicapped Child

Although services to handicapped children are identified as being essential, hopefully the thrust will be towards the integration of such individuals in the regular program setting. Clear guidelines should be available to avoid the inappropriate labeling of children as "handicapped" with its consequential counterproductive impact. Mr. John Sharon, the President of our Board of Directors at Children's Hospital National Medical Center here in the District of Columbia, can speak quite knowledgeable to this issue because he is a parent of a physically handicapped child.

6. Title I; Sec. 111 (a-e)

The communities in greatest need of these programs are consistently those that are economically most disadvantaged. Community groups in

these areas may have serious difficulty in obtaining non federal matching funds even if in-kind services are acceptable. I would suggest that under certain well-defined circumstances, state formula grant funds (e.g., Title XIX) that may be generated by the program could be used for the non federal match, as was the case with Model Cities Funds.

There is another aspect to the site selection for such programs that must be considered. Consistently, the allocation of Demonstration Funds are dictated by grantsmanship expertise rather than by the areas of greatest need. This is best exemplified by the fact that approximately 50% of the M&I Projects are located outside of areas having the highest infant mortality. If grantsmanship sophistication is to be a determinant, then community groups should have available to them a well identified technical assistance resource.

7. Role of the Public and Parochial School

It is my considered opinion that the Federal law should not mandate that preschool programs be exclusively sponsored by the school system; however, neither should they be denied the opportunity to participate. With all due respect to the competence and the dedication of our elementary and secondary school teachers, I personally do not believe that the school setting is always the most appropriate site. Different skills are requred in dealing with the preschool child because different objectives should be operable.

In the school system, primary emphasis is appropriately placed on enhancing cognitive development; however, in the preschool programs it seems reasonable that the major emphasis should be placed on enhancing the motivational and experiential components of intelligence. I submit, therefore, that such programs may function quite effectively

outside the school setting in neighborhood churches and community centers.

I feel that the appropriate role of the school as it relates to these programs, is to enhance their own capacity to assure a continuum of enriching experiences when the child leaves the preschool setting.

8. Integration of Programs

All all costs, preschool programs - as defined in this act - should be socially, ethnically and culturally integrated to assure the maximum total developmental progress of the child and certainly to lay the cornerstone of a far better society than the one in which we now live.

In summary, I sincerely hope that you will collectively use the powers of your good offices to see that this bill, with any reasonable modification, is passed and implemented.

I have recently spent three weeks on the continent of Africa observing and participating in the Maternal and Child Health Programs in Kenya, Algeria, Egypt, Tanzania and Mozambique. As a result of this trip, sponsored by the Phelps-Stokes Fund of New York City, I now realize that relatively, maternal and child health and family support initiatives command a major priority at the national levels. I suggest that we would do well to learn from them.

Thank you for giving me this opportunity to share my thoughts and concerns with you.

Mr. BRADEMAS. The Chair would say that it would be grateful, speaking for Mr. Bell of California; if you would be good enough to respond in writing to a number of questions that Mr. Bell has left for you.

Next we shall hear from a panel of representatives of the Council for Exceptional Children, United Cerebral Palsy Association, National Association for Retarded Persons, American Speech and Hearing Association and National Association of State Councils of Programs for the Mentally Retarded.

Would you be kind enough to come forward, gentlemen, and identify yourselves for the benefit of the subcommittee and indicate your names and the organizations that you represent?

Then we would hope you would summarize your statements so that we would have an opportunity to put questions to you.

STATEMENT OF FREDERICK J. WEINTRAUB, ASSISTANT EXECUTIVE DIRECTOR OF GOVERNMENTAL RELATIONS, COUNCIL FOR EXCEPTIONAL CHILDREN, ACCOMPANIED BY HAL BENSON, DIRECTOR OF GOVERNMENTAL AFFAIRS, UNITED CEREBRAL PALSY ASSOCIATION; PAUL MARCHAND, DIRECTOR OF GOVERNMENTAL AFFAIRS, NATIONAL ASSOCIATION FOR RETARDED PERSONS; RICHARD DOWLING, DIRECTOR OF GOVERNMENTAL AFFAIRS, AMERICAN SPEECH & HEARING ASSOCIATION; AND SAMUEL ORNSTEIN, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF STATE COORDINATORS OF PROGRAMS FOR THE MENTALLY RETARDED

Mr. WEINTRAUB. Thank you, Mr. Chairman.

I am Fred Weintraub, assistant executive director of governmental relations, Council for Exceptional Children.

With me today is Hal Benson, Director of Governmental Affairs, United Cerebral Palsy, Mr. Paul Marchand, Director of Governmental Affairs, National Association for Retarded Persons, Mr. Richard Dowling, Director of Governmental Affairs, American Speech and Hearing Association, Dr. Samuel Ornstein, Executive Director of the National Association of State Coordinators of Programs for the Mentally Retarded and also associate commissioner of the Department of Mental Health in the State of New York.

Mr. BRADEMAS. Pardon me for interrupting. But we have no way of knowing who you are.

As your names are called would you hold up your hand so that we know?

Mr. WEINTRAUB. Mr. Benson on my right, Mr. Dowling on my left, Dr. Ornstein on my right and also Paul Marchand.

We will summarize our statement and respond to any questions you might have.

I think it is very interesting, Mr. Chairman, that on February 26, 1970, almost 5 years to the day, the Council for Exceptional Children came before this committee and brought our basic endorsement and support for similar legislation that is being considered today.

We are saddened. Five years later we find ourselves once again supporting you, Mr. Chairman, and the efforts of this committee in trying to pass the type of legislation that is before us.

We bring to you our basic endorsement of this legislation.

We will speak today primarily from a perspective of the implications of the legislation to handicapped children.

I will not review the research that is noted in our testimony and the research that we submitted at hearings 5 years ago.

But I think to summarize that research—what it clearly shows is that with appropriate early intervention many handicapping conditions are reversible; some handicapping conditions are susceptible to a high degree of correction; and, in some instances the multiplier consequences of a disability can be sharply curtailed.

Basically every day that we do nothing for a handicapped child means an increase in that which must be done in future days.

As the recent HEW-funded study by the Rand Corporation observed, "for handicapped children, age 6 is past the optimal time to start the child" in programs designed to reverse the disability.

We conservatively estimate—and Rand concurs—that there are about 1 million handicapped children of preschool age.

Approximately 350,000 of those children are receiving some form of early developmental services from either public and/or private sources.

This leaves approximately 65 percent of the preschool-aged handicapped children without any form of needed services.

I would simply call your attention and note the past efforts of this committee to this issue; the Handicapped Children's Early Education Assistance Act which this committee initiated and has supported is presently funding over 100 model programs in every State in the country.

Head Start is presently serving approximately 38,000 handicapped children or should be.

Just as an aside, Mr. Chairman, I wish that I could be as optimistic as Dr. Green about the quality of services that handicapped children are receiving under Head Start and about whether the criteria that Head Start has developed are an appropriate base for this committee to utilize in its consideration of the inclusion of the handicapped under this program.

Mr. BRADEMAS. Would you expand on that while you are on that point, Mr. Weintraub? Tell us what problem you know about that have arisen in connection with the Head Start mandate to provide services to the handicapped.

Mr. WEINTRAUB. On the positive side, permit me to suggest that the corrective actions taken by this committee in recent reauthorization legislation very much address the critical problems, that is, that Head Start is not meeting the congressional intent that the more substantially handicapped child be brought into the Head Start components.

Head Start was reporting that in fact 10 percent of their children were handicapped. Frankly, Head Start was too often citing children with herniated bellybuttons.

But children with cerebral palsy or the very severely mentally retarded type of children, intended by this committee to be brought into Head Start, are still largely excluded.

Also I think inappropriateness of labeling which Dr. Green discussed is a very real issue.

What we had was in a sense an effort to emasculate the intent of the legislation by simply construing groups of moderately handicapped or nonhandicapped children as being handicapped in order to meet the basic enrollment mandate of Head Start.

That does not diminish our belief in the appropriateness and the potentials of Head Start in this regard nor does it diminish our hope that the corrections in the new legislation will improve the present situation.

We are also pleased to note that in the 5 years since we last came before this commitee there has been significant change in the posture of the States as they are responding to the issue of early intervention on behalf of handicapped children.

I would simply mention for example the increased legal commitment to provide preschool services through the education system.

Presently 45 States now provide some form of legal commitment to provide early intervention services for handicapped children.

I would make a sharp distinction between legal commitment and actual provision of services. But I do want to have you aware that there is a growing legal base in State programing.

Mr. BRADEMAS. I might interject here, Mr. Weintraub, as you are aware, because you and your associates have been helping the subcommittee in this respect, that Senator Williams of New Jersey and I are cosponsoring a bill that we hope to consider later in this subcommittee, the purpose of which would be to take into account the increasing incidence of decisions by State supreme courts and State legislatures holding that handicapped children have the constitutional right to education as do nonhandicapped children.

Our bill, as you are aware, would provide Federal grants to States for use in local school systems, to pay up to 75 percent of the cost differential between educating physically handicapped and nonhandicapped children.

I mention that only because you and your associates are here today and we are grateful for the support that you and your organizations have given to this bill. We assure you that this subcommittee intends to move ahead on that bill in this Congress.

Mr. WEINTRAUB. Mr. Chairman, as I have personally told you a number of times—I guess we can't say it too often—it is the efforts of this subcommittee that have brought about a great many of the major improvements in what is happening to handicapped kids throughout this country.

Perhaps we don't often enough say the "thank you's" that are truly needed.

Let me quickly make some specific comments on the legislation.

We are very supportive of the basic provisions in sections 102 and 103 that lay out the requirements of the legislation dealing with prevention and early diagnosis and early amelioration.

I just can't emphasize too much the heavy necessity to attend to those three issues, particularly the issue of prevention.

We are not doing enough. I think you will find from the data in the Rand study the fact that while we are investing a great deal in correc-

tive service to deal with the problems of handicapped individuals, we are not doing enough in this country in the area of preventing handicapped conditions.

I would also like to speak strongly in support of parent involvement but perhaps speak to it from a different perspective than just to support its importance.

A parent's involvement in every conceivable aspect of his child's development is, of course, most desirable for all children. Total parent involvement with handicapped children is absolutely crucial.

It can be safely asserted that without appropriate joint development of the handicapped child and his or her parents with all delivery systems, the handicapped child can, in fact, produce a significantly handicapped family.

It is also our feeling that early introduction of the parents of handicapped children to the universe of needs, rights, and potentials of their offspring will enhance the prospect that they will be truly sophisticated advocates in the full sense of responding to that world beyond the home when their children embark upon the traditional educational program and other programs in our society.

One expert in preschool education for the handicapped once referred to a program which he called "the school of a mother's knee." Let us consider a child who comes home from the hospital after birth who is totally blind. Unless the parents become involved in expanding their experimental horizons for that child, by the time that child is picked up by the educational system at age 3, at age 4, at age 5, or whatever age it may be, you find that the child has such a deficit in experiences that learning becomes a very difficult thing.

If you look at what is going on in services to the blind, we are finding educationally rehabilitative programs coming in for the deaf child.

Mr. Dowling can speak later on that issue.

They must begin to bombard the child with sensory stimulation to make up for the deficits of this hearing loss.

We can't emphasize too much the role that parents play.

But from the standpoint of participating in policy decisions, from the standpoint of being an important element of the total program, if we don't emphasize that, if we don't guarantee that, then the programs will not be as productive as they need to be.

On the question of the 10 percent set-aside, we would simply like to say that we would like to see the day, Mr. Chairman, when we don't need to come before this commitee and talk about set-asides.

We would like to see the day that Dr. Green alluded to which, of course, is the day that we take care of all children.

However, if we look at past history, if we look at Head Start, this committee clearly forewarned Head Start a number of years ago that they should attend to the problems of handicapped children.

Yet we came back time and again to find that they had done next to nothing. So this committee had to step in and say, "10 percent of your population must be handicapped."

We will be coming before the full committee very shortly to talk about vocational education.

In 1968, the Congress said that 10 percent of basic State grant vocational education funds must be directed to the vocational needs of the handicapped.

And still today we find handicapped kids being systematically excluded from participation in the vocational education programs which they so desperately need.

Therefore we think the 10-percent provision is extremely important. We would like to see the 10 percent targeted to the excess costs involved in serving handicapped children in these programs and not targeted to simply paying for the basic services because these children have specific needs. Let the 10 percent go to those specific needs. But let us guarantee these children access to the basic program to begin with.

This brings up our next point, which is that we believe strongly that there must be stronger language in legislation which assures the right of the very handicapped child to participate in these programs.

We urge the section 504 of the Vocational Rehabilitation Act Amendments of 1973, prohibiting discrimination against the handicapped in Federal programs, be strengthened and repeated within this legislation in such manner as to assure that nobody can turn a handicapped child away from participating in a program simply on the basis of his or her handicap.

More specifically, we would recommend that all of those vital guarantees contained in Public Law 93-380, that is, the provision of due process guarantees, the provision of full access to service, the prohibition against classification of children to promote racial or cultural discrimination, the provision of education in the least restrictive environment—that all of these be incorporated into the legislation under consideration.

We would also suggest in the planning provision under, I believe, section 106, that where you require special planning attention to migrant, bilingual population, that you also require comprehensive planning in terms of handicapped children within that same provision.

My final comment would be on the question of coordinating. We are aware that you are, commendably, seeking enhanced coordination of delivery systems under this act with other programs of Federal assistance.

For instance, you cite coordination with title I, among others.

We would call your attention to the fact that programs such as title VI-B of the Education of the Handicapped Act, and the Handicapped Child's Early Assistance Act be included within that provision for coordination.

We thank you, Mr. Chairman, for the opportunity to come before this committee.

Once again we express our continued appreciation for the attention you have given to handicapped children in the past, for which witness is again borne in this legislation.

We would be delighted to respond to questions that you might have.

[The prepared statement of Mr. Weintraub follows:]

STATEMENT OF

THE COUNCIL FOR EXCEPTIONAL CHILDREN

UNITED CEREBRAL PALSY ASSOCIATION, INC.

AMERICAN SPEECH AND HEARING ASSOCIATION

NATIONAL ASSOCIATION OF COORDINATORS OF STATE PROGRAMS FOR THE MENTALLY RETARDED

NATIONAL ASSOCIATION FOR RETARDED CITIZENS

BEFORE A

JOINT HEARING OF

THE HOUSE SUBCOMMITTEE ON SELECT EDUCATION

THE SENATE SUBCOMMITTEE ON CHILDREN AND YOUTH

ON

THE CHILD AND FAMILY SERVICES ACT

(S. 626 and H.R. 2966)

February 21, 1975

Presented by:

Frederick J. Weintraub, Assistant Executive Director, The Council for Exceptional Children
Harold Benson, Director of Governmental Affairs, United Cerebral Palsy Association
Richard Dowling, Director of Governmental Affairs, American Speech and Hearing Association
Robert Gettings, Executive Director, National Association of Coordinators of State Programs for the Mentally Retarded
Paul Marchand, Director of Governmental Affairs, National Association for Retarded Citizens

Mr. Chairmen and Members of the Subcommittees:

I am Fred Weintraub, Assistant Executive Director of The Council for Exceptional Children. I am here, along with Mr. Harold Benson, Director of Governmental Affairs of the United Cerebral Palsy Association, Mr. Richard Dowling, Director of Governmental Affairs of the American Speech and Hearing Association, Mr. Robert Gettings, Executive Director of the National Association of Coordinators of State Programs for the Mentally Retarded, and Mr. Paul Marchand, Director of Governmental Affairs of the National Association for Retarded Citizens, to present the joint views of our respective organizations on H.R. 2966, The Child and Family Services Act.

On February 26, 1970, The Council for Exceptional Children brought the House Subcommittee its basic endorsement of increased federal assistance to stimulate and support comprehensive daycare, health and educational services for young children. It is saddening that five years later we find ourselves again before the Congress seeking the same opportunities for children.

While we understand the broad implications of H.R. 2966 for all children we will focus our remarks on its implications to handicapped children.

Persons concerned about handicapped children have long agreed as to the importance of early developmental programs for such children. In 1967 the United Cerebral Palsy Association, Inc. noted:

> "School entrance is not the beginning of a child's learning experience, nor is 'readiness' only a formal training program to be initiated around the time of school entrance. Development must be considered as a continuous process throughout life. From the cradle on, children will be 'ready' for experiences on an individual basis. The child with cerebral palsy is essentially like other children. However, the limitations imposed on him by his disabilities may deprive, or at least impoverish the learning experience inherent in the environmental explorations of children without such disabilities. For some children, such deprivations may result in a permanent barrier to learning which then becomes a secondary disability."

At the Fifth Congress of the World Federation of the Deaf in 1967 in Warsaw, Poland, Grace Margaret Harris, Supervisor of Preschool Services for the Deaf, Society for Crippled Children and Adults in Winnipeg, Canada stated:

> "Today the guidance of hearing-impaired children begins, on a much broader scale than ever before, in infancy and the early preschool years. For children with sensory-neural or 'nerve' deafness, the only avenue to integration into the hearing world so far is through skilled guidance in the home and in the more structured environments of the preschool clinic and nursery school."

At the 1966 meeting of the American Association of Instructors of the Blind, Lawrence E. Blaha of California State College at Los Angeles pointed out that:

> "Current practice in education implies that both sighted persons and blind persons have common basic needs and developmental tasks to be satisfied. The difference between the blind and the sighted, however, lies in the manner in which each relates to and gains information about his surrounding and thereby orients himself.
>
> The more meaningful the basic orientation to the environment, in terms of training, variety and quality of experience, the better will be the total development of the individual and his command of his environment."

In a study by Robert Chamberlin and Phillip Nader, published in the American Journal of Orthopsychiatry, the disfunctions of nursery school children were found to be "significantly related to later school function" and clearly, "early intervention appeared warranted" to prevent those disfunctions from irreversible development.

What the evidence clearly shows is that with appropriate early intervention some handicapping conditions are reversible, some handicapping conditions are susceptible to a high degree of amelioration and in some instances the multiplying consequences of a disability can be sharply curtailed.

As the recent HEW-funded study by the Rand Corporation entitled, "Services for Handicapped Youth: A Program Overview," observes:

> "for handicapped children, age 6 is past the optimal time to start the child" in programs designed to reverse the disability.

It is conservatively estimated that there are one million handicapped children of preschool age. Approximately 330,000 are receiving some form of early childhood

57-649 O - 76 - pt. 2 - 16

developmental services from either public and/or private sources. This leaves approximately 65% of the preschool handicapped children without needed services.

Over the past decade government at all levels has been increasingly attending to this issue. At the federal level The Handicapped Children's Early Education Assistance Act (EHA, Part C) has funded over 100 model programs in every state in the nation. This year the program will provide direct services to 7,000 children, screening services to 15,000 children, and counseling to 14,000 parents. An additional 30,000 children will be served in programs set up to replicate these centers.

Through what might be characterized as the parent of the legislation before us, Headstart, approximately 38,000 handicapped children will receive some special services. It should be noted that this opportunity came about because of the 10% enrollment setaside provided by your parent Committees.

We have cited these two major programs because of their positive impact and because they represent the commitment your Committees have already expressed relative to early intervention for handicapped children.

We are also pleased that there has been significant change in the posture of the states since we last testified. Forty-five of the states have now provided some form of legal commitment to extend education services to preschool age handicapped children. Five legal mechanisms are used (with some states using more than one mechanism):

1. All exceptional children are eligible for services in the following states:
   * from birth -- Idaho, Maryland, Mississippi, New Hampshire, North Carolina, Vermont
   * from 3 years of age -- Alaska, Illinois, Louisiana, Massachusetts, Texas, Wisconsin
   * from 4 years of age -- Tennessee
   * under 5 years of age -- Arizona
   * under 6 years of age -- Montana
2. Preschool education must be provided to handicapped children if it is provided to other children in the public schools -- Pennsylvania.

3. Preschool programs may be provided strictly as a local option with no state aid to children below age 5 - Utah.

4. Preschool programs may be provided for all handicapped children beginning:

   * At age 3 -- Florida, Georgia, West Virginia, Rhode Island, Indiana, New York

   * At age 3 for specified disabilities -- Colorado (physically handicapped), Nevada (physically handicapped, mentally retarded), Ohio (deaf, blind), California (physically handicapped, mentally retarded), Connecticut (hearing handicapped)

   * At age 4 -- Tennessee, Connecticut (except hearing handicapped), Delaware (except hearing handicapped), Oklahoma

   * At age 4 for specific disabilities - Minnesota (deaf, blind, physically handicapped, speech defective), Nevada (academically talented), North Dakota (deaf), South Carolina (hearing impaired)

   * At age 2 -- Oklahoma (hearing handicapped, visually handicapped), Virginia

   * At birth -- Vermont, Virginia, Washington, Wisconsin, South Dakota, Nebraska, New Jersey, Idaho, Iowa, North Carolina, Oregon (except educable mentally retarded), Mississippi, Michigan, Kentucky, Maryland

   * At birth for specific disabilities -- Nevada (aurally handicapped), Delaware (deaf or hard of hearing), Florida (deaf, blind, severely physically handicapped, trainable mentally retarded), Indiana (deaf, beginning at 6 months), Nebraska (multihandicapped), New York (deaf), Maine (speech impaired)

   * Under age 5 -- Colorado, Hawaii, Kansas, Missouri, Nevada (for aurally and visually handicapped), New Jersey, Pennsylvania, Washington

5. The remaining 5 states have no provision for preschool education for handicapped children: Alabama, Arkansas, District of Columbia, New Mexico, and Wyoming.

It is our belief that first, there exists a body of research and other professional literature to support the critical importance of early childhood educational services to the handicapped child, his family, and his community; and second, all levels of government have taken some steps to develop programs in this area, however, such programs are sparse and often overlook many children in dire need.

Therefore, the basic concept of the Child and Family Services Act is the next logical step for the federal government to take to assure that all children, particularly handicapped children, equitably receive the services they so desperately need.

Specific Comments on the Legislation:

There are particular features of H.R. 2966 which we would cite for special commendation as absolutely vital provisions for handicapped children and their parents. These features appear in Title I, Section 102 and Section 103, where the potential and required uses of federal funds are laid out.

Prevention:

Provision is made for programs of prenatal and other medical care to expectant and post-partum mothers to reduce both infant and maternal mortality as well as the incidence of mental retardation and other handicapping conditions. Such authority is aimed squarely at the eventual reduction of the overall incidence of handicapping conditions in the American population and we most heartily endorse, as we have so often in the past, such preventive authority.

Early Diagnosis:

As already cited in our testimony, identification of a handicapping or potentially handicapping condition in a child at the earliest possible moment in that child's life can make a critical difference in the potentials for outright alleviation or the highest possible level of amelioration. We are, therefore, most enthusiastic with respect to the programmatic prescription of diagnosis, identification, and treatment of visual, speech, medical, dental, nutritional, and other physical, mental, psychological, and emotional barriers to "full participation in child service programs."

Early Amelioration:

Correspondingly, we are pleased that special emphasis has been given to the creation of effective programs toward the earliest possible amelioration of handicapping or potentially handicapping conditions once they have been identified. Through such provision, the Congress will insure maintenance and, hopefully, most considerable expansion of that thrust already well underway on behalf of handicapped preschoolers in the existing Headstart program.

Parent Involvement:

What might be characterized as nothing short of total parent involvement is a major theme of the legislation before us, and specific provisions to achieve that objective are laced throughout the bill. From our standpoint, particular acknowledgement must be given to those mandates of Subsection (c) of Section 102 of Title I which:

a.) order regular dissemination of information with respect to program activities to parents;

b.) order regular consultation with parents relative to all aspects of the child's development;

c.) order regular observation and participation by parents in their children's activity within particular programs.

Parent involvement in every conceivable aspect of their child's development is of course most desirable for all children; total parent involvement with handicapped children is absolutely crucial. It can be safely asserted that without appropriate joint development of the handicapped child and his or her parents with all service

delivery systems, the handicapped child can produce a significantly handicapped family.

Parenthetically, one of the gratifying by-products of the development of early childhood programs nationwide has been the early introduction of the parents of handicapped children to the universe of needs, rights, and potentials of their offspring, which enhances the prospects that they will be truly sophisticated advocates in the fullest sense in responding to that "world beyond the home" when their children embark upon the traditional educational program.

Ten Percent Setaside:

In prior testimony before the Congress with respect to an earlier version of this legislation, we strongly urged that a certain portion of funds under the Act be clearly earmarked for handicapped children. We were impelled to that proposal for at least two reasons:

a.) For handicapped children -- the deaf, blind, retarded, disturbed, or physically handicapped -- early development opportunities are not simply a support, such opportunities may be the critical determinant as to whether they will be able to compete in the mainstream of education.

b.) As both Subcommittees well know, handicapped children traditionally are too often excluded if earmarks do not exist. That is why earmarks are not new (ESEA Titles I and III, Vocational Education Act, Headstart).

We congratulate both Subcommittees for their commitment to a ten percent setaside for special activities relating to handicapped children, such funds presumably to be utilized at the discretion of the Secretary of HEW.

We would like, at this point, to strongly urge that these setaside funds be more precisely targeted to meet the overall objective of the earmark itself. We urge that these funds be targeted for use against the genuine, legitimate excess costs in providing development services within regular projects provided for under this Act, i.e. costs incurred in providing services beyond and in addition to those costs for providing minimal standards of service for all children served under the aegis of this Act, handicapped and nonhandicapped.

Such an excess cost target will assist in achieving two objectives:

a.) assist in guaranteeing that handicapped children are in fact participating in programs authorized under this Act in a ratio which corresponds to their general incidence within the population of all children;

b.) provide those additional services needed to guarantee that handicapped children, especially the more severely handicapped, will enjoy that full participation enjoyed by nonhandicapped children.

Full Access:

Past history has taught us and has certainly taught this joint panel that there will always be the potential that handicapped children will be discriminated against in programs not established for them alone -- and, we would hasten to add, with no malice necessarily involved. Certainly our experience with Headstart is evidence of this reality.

Section 106 of H.R. 2966 lays out those assurances sought from the prime sponsors; correspondingly, Section 107 lays out those assurances sought from the actual project applicants. We would most strongly recommend that a required

assurance be placed in both sections that full access to handicapped children be guaranteed in each and every project funded under this legislation, at least comensurate with the demographic incidence of such children in the eligible target population of each project.

We would further recommend that those vital assurances now sought from the states as essential guarantees for handicapped children which are contained in the recently-passed Education Amendments of 1974 (P. L. 93-380, Title VI, Part B) now be more clearly extended to preschool handicapped children through their inclusion in this legislation.

These are:

* provision of specific due process guarantees for the handicapped children served and their parents in all matters relevant to identification, evaluation, and placement;
* provision that all handicapped children be served in the least restrictive environment;
* prohibition against the classification of children to promote racial or cultural discrimination.

Coordination:

Permit us one final, brief recommendation. The General Provisions (Title V, Section 506) of the Child and Family Services Act provide for coordination of services under this Act with other Federal assistance for child development, child care, and related programs. Specific Federal legislative authorities are then cited, such as Title I of ESEA. We observe that ESEA Title VI B, Education of the Handicapped, Aid to the States, and ESEA Title VI Part C, the Handicapped

Children's Early Education Assistance Act, are not included in that listing. We would respectfully recommend that they be included in Section 506.

In closing, may we again express our thanks to the Chairmen of this joint panel for the opportunity to testify on a matter of such vital concern for the futures of children. May we also say that we stand ready to make the resources of our organizations available whenever they may be of assistance to you as you continue your deliberations on this worthy legislation.

Mr. BRADEMAS. Thank you very much indeed, Mr. Weintruab and gentlemen, for an obviously very carefully prepared statement and for the concrete nature of your recommendations.

I would simply tell you that I find leaping out at me two observations that you make at the outset of your statement first citing the Rand Corp. study which indicates that for handicapped children age 6 is past the optimum time to start the child in a program designed to reverse disability.

Then there is your observation that it is conservatively estimated that there are 1 million handicapped children of preschool age, only 35 percent of them now being provided some form of early childhood development services with public and/or private resources.

That leads you to conclude that approximately 65 percent of preschool-age handicapped children are without services. I find that a most dramatic figure, indeed it is appalling.

Just a couple of questions. Would you estimate, Mr. Weintraub, or any of you gentlemen how many handicapped children are in institutions? What kinds of services children in institutions receive? Are there any kinds of problems that are peculiar to children in institutions?

Mr. WEINTRAUB. If I may ask Dr. Ornstein to respond.

Dr. ORNSTEIN. There has been a general tendency as you know across the country to try to avoid commission of children under 5 to State institutions.

Unfortunately in many instances this is still the practice. While on a percentage basis it is not that great an amount, these children are often the most rejected that we have in society, often, though not necessarily, profoundly retarded. There is great variance.

There is what I would call institutional care that seems to be growing. It is quite unmonitored.

In New York City institutional admissions are very low. On the other hand we now have facilities for 180 children, almost all of them under 5, fairly invisible, I think, in a general community.

There are a number of others like that. This seems to be a growing tendency. It is one of those double-bind things. Our institution's aren't taking children under 5 primarily because of the difficulty in defining what is the nature of the handicap for a young child.

On the other hand, social service agencies get bombarded with children with multiple problems, social problems in addition to whatever handicap is involved. I am afraid that group is becoming very neglected and may be a relatively large group. Given the age involved it may be growing.

I do want to say that I think we should be very aware that many of the children who are young and in great need have been handled by social agencies but in light of the context of what we would call a normative system the institutional child is not sharing from Head Start. I would hope under this program that he would share.

Mr. BRADEMAS. Did you want to say something else?

Mr. WEINTRAUB. I just wanted to see whether other members had something else to contribute.

Mr. BRADEMAS. I just have one other question, gentlemen, for whoever may wish to reply to it.

Have you had any comment on whether or not the early periodic and screening effort is working with respect to handicapped children?

Mr. DOWLING. I am Dick Dowling from the American Speech and Hearing Association, Mr. Chairman.

Two principal problems have to do with the inability reflected in a recent GAO study to appropriately involve physicians and the concomitant unwillingness on the part of the program to involve nonphysician education personnel in the early screening process.

At least until sufficient numbers of participating physicians can be assured, this may suggest that administrators and legislators may want to take a look at the tremendous resources that exist out there in nonhospital and nonmedical centers.

I am thinking of educational settings and more particularly special education settings, places like Easter seals and the cerebral palsy centers and speech and hearing clinics in communities.

I think the problem, of course, is the administration's intransigence insofar as the medicaid EPSDT program is concerned. Nobody is more familiar with that intransigence and its results than you are, or the Senator from Minnesota.

Mr. BRADEMAS. Thanks very much.

Mr. Meeds, of Washington?

Mr. MEEDS. No questions. Thank you.

Mr. BRADEMAS. Mr. Cornell, of Wisconsin?

Mr. CORNELL. No questions.

Mr. BRADEMAS. Mr. Miller of California?

Mr. MILLER. Regarding parental involvement, I think you make a wise statement in terms of handicapped children.

Again, I come from a State where those advocates were all that stood between providing some semblance of care and no care and I do believe that they should play a very active role in this program.

Mr. WEINTRAUB. Mr. Chairman, can I make one brief comment?

It deals with an issue that I have heard a number of people respond to concerning prime sponsors, the role of the public schools.

At a later point, each of our organizations might be filing specific statements with you concerning that.

I think the one overriding issue that this legislation does not address—I think in a sense it goes back to something that Congressman Miller was alluding to earlier—is the question of responsibility.

I don't know how to explain it without going into great detail. But I will try to be very brief.

If you are a parent of a handicapped child and you find yourself in a crisis—"I have a deaf child, I have a blind child, I have a retarded child—what do I do? Who do I turn to?"

You go to the local Head Start program and they look and they say: as Freddie Prince, the comedian, would say, "It is not my job, man."

You go to the local center over here and they say, "It is not my job, man."

You go from place to place and you say, "Who is responsible for helping me?"

That is an issue that we don't often enough address.

That is one of the reasons why many of us at this table applauded when there were orders from the courts that said, "Public school sys-

tem, you are responsible for every handicapped child and you must provide an education because the retarded child, the blind child, is your responsibility too."

When we get to the preschool level no one is responsible.

We have prime sponsors. We have subcontractors. We have all kinds of people. Everybody involved in meeting needs and everybody interested. But when it comes to responsibility, particularly when you are a parent of a vulnerable child, of a child that nobody really wants, then that question becomes a very, very significant question.

And I would hope that while this panel may have differing views as to who ought to be responsible—and again, I repeat, we will individually respond to you at a later time in that regard—I would hope that in the end we are trying to build a universal system where all children will be served.

Today we may in fact be dealing with only a small group of children. But tomorrow we want to be able to assure that every child gets served. Then we must have somebody responsible. It has got to be somebody in those communities, not somebody in Federal Government.

Obviously, I am talking about the "smoking gun" theory. I would hope that this committee at some point will attend to that issue of fixing responsibility.

Thank you, Mr. Chairman.

Mr. BRADEMAS. I just have two other questions to ask that have been asked of other witnesses. You have already in part commented on one of them, Mr. Weintraub.

These questions are, No. 1, your views, gentlemen, of the role of the public schools with respect to the provision of services for preschool handicapped children. I will confine my questions to such children.

Second, your views with respect to the role of profitmaking institutions both as prime sponsors and as institutions from whom services can be purchased, again with respect to preschool handicapped children.

Mr. BENSON. I am Hal Benson, United Cerebral Palsy Association.

I would like to try to respond to the first point that you made.

When you are taking a look at who has the responsibility, where it should rest, I think you need to look only at who can provide the best service.

I think if a for-profit organization has the expertise then we need to utilize that expertise, perhaps not necessarily in terms of their being a prime sponsor, but certainly in types of contracting services that they may have to offer that a public service might not.

I think the same is true of private, nonprofit organizations. I can give you, as an example, a situation in Pittsburgh where our affiliate in Pittsburgh was very heavily into the delivery of educational services for cerebral palsy.

When the Mandatory Education Act was passed in the State of Pennsylvania, that particular affiliate turned over that responsibility very readily to the school system, at the same time turning over to them the teachers and the paraprofessionals who were involved in the program provided by the school system, at the same time maintaining a couple of well-trained, knowledgeable people for expertise on their

own program in a role of monitoring and providing consultation and expertise as they moved into this area.

I think we would feel the same way strongly about preschool programs.

Mr. MARCHAND. Paul Marchand, from National Association for Retarded Citizens. As usual, I agree with my colleague from United Cerebral Palsy.

But I would like to go a step further and say that I would hope we would see where real preschool programs, while they may not necessarily be delivered in the public school system, may be contracted out to specialists in private, nonprofit agencies. At least the school systems would have the responsibility for seeing that it is done.

Until that time comes, until there is that responsible agent in each and every community, each and every State, we will find many, many handicapped kids continuing to fall in the cracks.

One more comment, if I may. I would like to object to a degree to a statement made by Mr. Sharon, the previous speaker, who talked about the need to separate out the physically handicapped from the mentally handicapped in providing services.

I think that you yourself, Mr. Chairman, and members of this committee in State planning requirements of title VI of the Elementary Secondary Education Act which was recently signed into law, agreed that all handicapped kids should be placed in the least restrictive setting possible.

That would mean to me or Mr. Sharon's statement would imply to me that the mentally handicapped individual should in fact be separated from the physically handicapped in the so-called normal population.

I would contend, Mr. Chairman, that that is not appropriate. I would hope that all handicapped kids, regardless of their abilities or potential, are given the best possible service in the least restrictive setting, which may or may not include so-called normal mainstreaming education.

Dr. ORNSTEIN. I would like to talk about this question in this context. I myself believe that we need as much variability as we can have in the provision of services and that the failure of the private sector has in reality been the failure of the State or the agency to properly demand accounting for money.

If that were solved there would be no hazard in having proprietary situations.

I would like to point out that in the State of Washington, Mr. Meeds' State, there is a program called group help program and about 50 percent of those programs are owned by proprietors and it was very difficult to tell whether there was any difference in quality or the intention of the people in the program between proprietors and nonproprietors, profit and nonprofit.

In the State of Washington many of the contracts, demonstration projects, pilot projects and so on, most of them inevitably go to universities and now some universities are now taking off the top 45-50 percent for indirect costs.

One wonders whether we should define what we mean by "nonprofit proprietor" a little bit more carefully.

In the case of education I would say that we all agree, I think, that education should be a generic educational system for preschool and schoolchildren.

However, the case is now that many States have developed preschool programs that are not in the education system.

Again, agencies in the State of Washington, in the past have had a very difficult time in getting funding.

Mr. BRADEMAS. I think, gentlemen, we are going to have to cease the questioning of all of you.

We thank you very much.

We hope you will also be willing to reply to Mr. Bell's set of questions.

The subcommittee will recess until the quorum call has been answered.

Then we will come back and hear Ms. Helms.

[The subcommittee recessed from 12:15 to 12:25 p.m.]

Mr. BRADEMAS. The subcommittee will resume and come to order.

The subcommittee is very pleased to welcome to the witness chair Judith S. Helms, executive director of the National Council of Organizations for Children and Youth.

STATEMENT OF JUDITH S. HELMS, EXECUTIVE DIRECTOR, NATIONAL COUNCIL OF ORGANIZATIONS FOR CHILDREN & YOUTH, WASHINGTON, D.C.

Ms. HELMS. I would like to include a statement drafted and endorsed by 35 member organizations of NCOCY.

I hope this will be made a part of the official record.

Mr. MEEDS. Without objection it will be made a part of the record.

Ms. HELMS. In closing I would respond to President Ford's statement that we can't afford new social programs.

I say that we cannot sacrifice our children for the sake of cutting Government budget costs.

I say quite emphatically that we cannot afford not to provide child care service for our Nation's most valuable resource, our children.

Mr. MEEDS. Thank you very much, Ms. Helms.

Let me first apologize for the chairman, who had an engagement at 12:30 which he could not get out of and he asked me to extend to you his apologies.

Let me also join with the chairman in welcoming you to the committee.

I think most members of this subcommittee have had the privilege of working with you, when you were a legislative assistant to a Member of Congress from New York, and working in the very field to which you are now applying your talents.

I would like to compliment you on your statement. Because of the nature of your representation of a number of divergent groups I think you have done a fine job in pointing out what seems to me to be the two major fields of resistance which we had at least in the 1970's to the Child Development Act.

The early resistance to the Childhood Development Act came from those kinds of souls who had some Norman Rockwellian concepts of America, that mother met junior on the back stoop every night after school with a piece of mincemeat pie.

As you point out, since 1948 the number of working mothers has risen from 18 percent to 44 percent; almost half of the mothers are now working; 26 million children have working mothers, 6 million of whom are under 6 years of age.

This is not the Norman Rockwell of the 1940's. Most people don't realize that.

Second, and I think just as important, you point out that the number of children being unattended by parents is continuing to increase and will continue to increase in the absence of the passage of this bill.

It was again maintained by some other of those good souls—some of them not so good—that such a bill would provide an impetus for women to go to work and cause the working-mother problem to increase.

But, as you point out, this problem will be exacerbated without passage of this bill.

So my compliments on your statement.

I will ask you one question and you may answer this in an unofficial capacity.

Do you think the formula provided in the bill will provide for a proper distribution of funds?

Ms. HELMS. First of all, I think that our major concern—and I think I can speak on behalf of most of our membership—is a point that has been made earlier, and by Congressman Miller as well, and that is that it seems to us a terrible shame that we have to start examining formulas.

We all feel very strongly that this is such a high priority that there ought to be enough money available so that we wouldn't have to say, "Well, we only have a very small piece of pie and therefore how do we go about dividing this up in such a way that this group or that group gets a slice.

Clearly as soon as you decide that you have a limited pot of money and that you are going to have to make some decisions about who is going to get the major amount of that money and who in the process is going to be left out, then you raise a very, very serious question.

It is a question that I don't know how to answer.

I don't know how to answer as to which children need these services more than any other children need them.

My response is that wherever the children are, whether they are in single-parent families, whether they are in poor families, whether the parents are working, whether they are children whose parents are home but need help, they all need those services.

I find it very discouraging that we have to start out talking about formulas for distributions.

I recognize, however, in terms of your question that the formula is there. Rather than comment on it specifically I will just say I would be more than happy to refer you to various members from organizations who can comment specifically on it.

But again, my overwhelming reaction to your comment is that I am obviously discouraged to simply think of the fact that we have to start off with formulas and try to decide who gets what amount of money.

Mr. MEEDS. One other question. I don't mean to in any way pit you against other witnesses. But I personally would disagree with Mr. Reid's statement this morning when he indicated that if there were only $150 million that that should all go into ongoing programs.

It seems to me that $150 million is so insignificant as compared to the total problem that it too could better be utilized in the development of programs. I would just be inclined to disagree with Mr. Reid.

Do you have any opinion on what ought to be done if we only had $150 million?

Ms. HELMS. Clearly we couldn't do very much at all to provide services with $150 million.

But I think the point Mr. Reid was making—and CWLA is a member of NCOCY and I am sure that other member organizations would agree—is that the need is so great and that there are already plenty of people—programs to quickly absorb that money. No one would disagree that we ought to put a certain amount of money into training or research, but it would be possible to implement this program immediately if the money were available and there would be plenty of programs that would use it up very quickly.

I think that is the point that is being made. It isn't a question of one use of funds being more important than the other.

Mr. MEEDS. One final thing. Would you be so kind as to circulate your statement to the member groups and then indicate to us those who endorse it?

Ms. HELMS. I would be more than happy to.

Mr. MEEDS. Second, would you encourage your member groups, some of whom have already testified, but those who have not testified to present to us prepared statements, written statements on their concepts on this and any specific recommendations they have.

Ms. HELMS. I will certainly do that particularly because I feel that over the past several years a lot of organizations which have not been terribly active have now become so and may very well wish to let that be known.

Mr. MEEDS. Thank you very much.

Mr. Miller?

Mr. MILLER. Thank you, Mr. Chairman.

I am sorry that I missed your presentation. But I had to go prove I'm not a member of the Tuesday-Thursday Club.

You raise a couple of points, one of which I came across last night. I am sorry. I can't find the place in the legislation, but it was dealing with nutrition and whether or not this program ought to cover that, because this act doesn't spell out nutrition education for parents and children. Do you think this should also be a specific part of the service you wish to see provided?

Ms. HELMS. I would say definitely this is a very valuable service.

I would hope that one of the strengths of a bill like this would be that it is flexible and allows the community to decide what kinds of services are most needed.

We have a large number of organizations that are very active in the health field. They all feel very strongly that along with simply providing people with the food that is necessary that education is also very important particularly since as many pregnant women about to deliver are encountering a physician for the first time. Many have never had a prenatal examination, many women have no idea, no concept, of the value of a nutritious diet.

57-649 O - 76 - pt. 2 - 17

We are finding more and more that all kinds of problems occur because women are malnourished—lower birth rates, all kinds of disabilities, and of course there is the whole question of the relationship between proper nutrition and retardation.

Therefore I believe this would be a very valuable preventive program, one which is not very costly but which reaps enormous benefits when measured against the cost of providing this kind of service.

Mr. MILLER. I would suggest that perhaps one of the ancillary problems is that most physicians don't understand women's nutritional problems.

Also, on page 14 of the legislation, in determining the number of children for the purposes of allocating proportions of funds under this section the Secretary shall have the use of the most recent satisfactory data available to him.

I wonder whether your organizations through cooperative efforts might consider whether there ought to be a hearing on that data. I think we have found in the past that the official agencies of either State or Federal Government miscount or leave a lot of people out in terms of apportioning and therefore misrepresent the needs at the local level.

Do you think there ought to be some methods by which those figures could be challenged, if you feel they are incorrect.

We went through this on the census of Mexican Americans.

Ms. HELMS. I think that would be a very valid exercise.

I know that very often we come across statistics. Statistics have a way of floating around Washington. Someone comes up with them. We are never quite sure of where they came from. But all of a sudden they start appearing in more and more places. It builds up until the statistics become an established fact without anybody really knowing where they came from or how accurate they really are.

Of course you are also alluding to an issue that I referred to before.

I would say again that I really feel it is so unfortunate that we have to gather these statistics to figure out how much of one tiny piece of the pie you will give to one segment of the population.

Mr. MILLER. Also on page 6 of your testimony you talk about children who simply are left home alone.

I think you state that we have no way of knowing.

At one time didn't the garment workers do a study of what they call "latchkey children?"

Ms. HELMS. There have been some studies. The Women's Bureau did a study as I remember. The latest statistics that I have seen are from 1965, and the number was in the hundreds of thousands.

If there are more recent statistics I would be interested in seeing them. But if the 1965 figures are any indication then I think we obviously have a monumental problem.

Mr. MILLER. Finally, I wonder if your group might consider—because it is made up of advocates in many varied areas dealing with children—whether they can pull together for this committee—and perhaps this is the role of the Government or perhaps you may be able to do this in a more expeditious fashion—the results of the various health screening programs that we have, whether it is the WIC program where children are required to be screened to see

whether they are eligible for food supplements, or various educational screening programs, to begin to get a profile of what we are finding.

I think too often nobody sits down and says, "what did we find out about the children that we have had at least minimal contact with as far as screening procedures and what are the disabilities?"

I know we had a national nutrition study but it got lost in the computer.

I just wonder whether you have the capability or might consider whether you have the capability to pull those kinds of things together. I think it would help strengthen the case since this bill does lead very directly to health screening and meeting health needs.

Ms. HELMS. In terms of what we could do there I am not sure. But I would certainly be willing to look at the question.

We are not a very large organization. However many of our members are very large and they do have access to this kind of information.

There are two comments I would like to make about your question.

One is that what you are saying points to the fact that we do not have any central place in the Government that has any concern about children.

We have OCD, which really has a very limited program jurisdiction, and SRS, where welfare and Medicaid are housed. We have the Assistant Secretary for Health Programs and the Commissioner of Education.

So one of the problems is that there are a wide range of agencies in Government which have a minor interest in children, but there is no central focus. This is something that a lot of our organizations are very much concerned about.

Another comment I would like to make is that one of the unfortunate things about a lot of these screening programs—and I can think of the EPSDT program as an example—is that the Government does not have very stringent requirements about screening and about keeping accurate information about what is actually occurring.

EPSDT is a program that is available potentially for 14 million children and has only reached a tiny percentage of these eligible. And we know too little about what is happening.

There are no strong requirements by SRS to require that States keep track of what happens to a child once a child is screened.

So in many cases we simply don't know. I think that is tragic—we screen a child and then we lose track of him. We don't have any idea whether they were ever treated or where they go after that.

It is not enough to find a problem. We have to make sure it is treated.

Mr. MILLER. Thank you very much.

Mr. MEEDS. Ms. Helms, would you please also submit answers to the written questions for Mr. Bell which will be given to you?

Ms. HELMS. I would be happy to.

Again, within the limitations that I have in terms of our variety of opinions among our members.

Mr. MEEDS. This committee is unaware of any limitations you have.

Ms. HELMS. Thank you.

Mr. MEEDS. Thank you very much.

[The prepared statement of Ms. Helms and subsequent material supplied follows:]

TESTIMONY OF JUDITH S. HELMS

TO THE JOINT HEARING OF THE SENATE SUBCOMMITTEE
ON CHILDREN AND YOUTH, THE SENATE SUBCOMMITTEE
ON EMPLOYMENT, POVERTY AND MIGRATORY LABOR AND
THE HOUSE SELECT SUBCOMMITTEE ON EDUCATION

FEBRUARY 21, 1975

Chairman Brademas, Chairman Mondale and Members of the Subcommittees -- I am Judith Helms, Executive Director of the National Council of Organizations for Children and Youth, a coalition of over 200 national, state, and local organizations which have as their common goal the improvement of the quality of life of our Nation's children.

I greatly appreciate your invitation to testify on the great need for comprehensive quality child care. At the outset, I would like to commend Senator Mondale and Congressman Brademas for their continued leadership over the years in the effort to achieve needed services for children and their families and for their leadership in convening these hearings.

I am here today, as Director of a broad coalition of organizations with a wide variety of interests, a wide variety of constituencies and a wide variety of views on, and approaches to, the problems confronting our Nation's children. But, within this coalition, there is a broad agreement on the need for child care services. Many of our member organizations which have never taken an active interest in this issue, have become spokesmen for child care. Specifically, over 80 of our member organizations have joined an informal coalition to work together on the need for child care.

As the director of an umbrella group, I, of course, cannot always speak on a specific piece of legislation on behalf of all our members. With regard to the Child and Family Services Act, many important and controversial issues must be resolved before legislation can be passed. These issues include:

1) the level of funding;
2) the role of the states and localities;
3) the role of public schools;
4) the role of profit-makers;
5) the relationship of new legislation to existing programs, such as Title XX; and
6) eligibility.

As director of NCOCY, I cannot attempt to deal with these questions here. But, I do know that many of our member organizations have opinions and expertise on these issues and I urge you in the hearings which follow to call upon these organizations to testify so that we may reach a concensus and move forward with a program.

The subject I would like to address -- and on which we can all agree -- is the overwhelming unmet need.

America prides itself on being a child-loving society. In reality, we pay only lip service to this ideal. A simple examination of the status of children today painfully illustrates this fact:

--America has the distinct honor of lagging behind 14 other countries in the rate of infant mortality.

--In a land of plenty, millions of children go to bed hungry each night.

--29% of all children in our inner cities do not see a doctor during a given year.

--One out of 9 youths will be in juvenile court by age 18.

--There are hundreds of thousands of handicapped children in America receiving no services.

--Suicide is the second leading cause of death for young Americans between the ages of 15 and 24.

--Teenage alcoholism and drug abuse are growing problems.

And what leadership role has the Federal government taken to help alleviate this growing crisis?

--HEW is currently spending about 14% of its total budget on children.

--Children represent 40% of our population and receive only 10% out of every health service dollar.

The costs of neglect are enormous. For the children, neglect means limited opportunities to develop, poor health and limited opportunities to lead a happy and fruitful life. For society, neglect means expensive compensatory social and income assistance programs.

For years now, we have been going at these problems backwards. We intervene after the damage is done, at huge social and economic cost.

But, there is another answer.

We now know with a greal deal of certainty that the first 5 years of life are a most important period for the intellectual, emotional, social, and physical development of a child. We used to think that 0-5 were years

to mark time before children were ready to learn. We now know with a great deal of certainty that if a child does not learn many very important things during this critical period, the child will be seriously handicapped in acquiring these skills. We also know with great certainty that pre-natal nutrition and early intervention are crucial to the healthy development of young children. To argue that it is still possible to intervene later makes no sense when we know that it is easier and better to begin early.

To ignore these facts and to deprive millions of children of a healthy and stimulating early development is simply crazy if we care anything about our future generation.

What is quality child care?

1. Quality child care is early intervention, diagnosis, and treatment of disease and disability before treatment becomes impossible or expensive.
2. Quality child care is insuring a balanced diet for children where malnourishment can cause permanent physical and mental damage.
3. Quality child care is nutritional counseling for mothers to prevent a host of birth defects through proper diet.
4. Quality child care provides an educational experience during crucial learning years.
5. Quality child care provides the assurance that a child is being well cared for.
6. Quality child care is the assurance to a family that needs help that help is available.
7. Quality child care is preventive, and, from a purely economic standpoint, prevention is the best medicine against inflation.

The need for child care is greater today than it has ever been. Why? Much of the answer lies in the fact that growing numbers of women have to work and are being forced to leave their child without the support and attention they so desperately need. A day care crisis exists in this country for women who must work and have no where to place their children and women on public assistance who desire to work but cannot find adequate child care.

The statistics clearly support the growing nature of the crisis:

--From 1948 to 1973, there was an increase in the percentage of mothers working from 18% to 44%.

--26 million children in this country have working mothers -- 6 million are under 6 years old.

--12 million children live in female-headed households where the median income is $6,195 if the mother works and $3,760 if she dosen't.

In addition, during a time of rising unemployment and spiraling inflation, the percentage of employed women continues to grow and the number of children with working mothers continues to increase. The simple reason is that as a family's real dollar shrinks and as husbands become unemployed, women have to supplement or even replace the income of their husbands.

All these facts point to the conclusion that more and more mothers are finding it necessary to enter the work force.

And what about the statistics we don't have? Statistics on the number of children whose mothers need to and want to work, but cannot find child care?

And what about the disadvantaged child whose mother is home but who could benefit from child care services? In fact, there are five million children under 6 just in poor and near-poor families in this category.

Poor, working poor, lower-middle class, and middle-class women all face the same problem. In increasing numbers, they must work. With only a small percentage of good, licensed care available, the rest are forced to face the never ending nightmare of making arrangements with a changing group of sitters or with relatives, or leaving their children in custodial parking lots -- or worse.

Some parents are fortunate and their child is safe and in a few luckier instances, is well cared for. But too often, parents are not so fortunate and the child is forced to spend the entire day in an unsafe, unhealthy environment with little or no attention.

In some families, parents work different shifts and the parent home sleeping cares for the child.

In some cases, women bring their children to work because no arrangements can be found. A recent Women's Bureau Study indicated that as high as 15% of children under 6 went to work with their mothers.

In some families, siblings are kept home to care for younger family members.

In some families, children are left home alone. We don't know how many of these children exist, but conservative estimates are that there are thousands of very young children left completely alone. This situation no matter how small a percentage of the total picture, simply should not exist in this country.

Other families find group arrangements through day care homes and centers. But here, the situation is not always better. Only a small percentage of group day care homes are licensed. Many are overcrowded and understaffed. A much smaller percentage of children have access to center care. Here again, the quality ranges from excellent to injurious -- and in too many instances is merely the mass warehousing of children.

At this point, some would argue that all this information on poor quality care only proves that day care is bad for children and that the federal government is wise to not involve itself.

Nothing could be further from the truth.

Women will go on working regardless of what actions are taken by this Congress. The lack of access to quality child care will not eliminate the economic necessity of supporting a family. Rather, failure to provide quality child care to those who need it will simply force families to settle for custodial care. And, it will be the children who suffer as a result of this ostrich-like approach we often hear advocated. The problem will not go away by ignoring it. It is not a question of encouraging women to leave home. Rather, women working and leaving the home are facts which have existed and which continue to increase in spite of rising unemployment and in spite of decreases in family size.

President Ford has announced that he will veto any new social programs this year, arguing that the country cannot afford it. In addition, he proposes seriously cutting back on the Federal government's committment to health, education, nutrition, and a whole host of service and programs which benefit children.

What is it that this country cannot afford?

Is it true that we simply cannot afford to provide health care to pregnant women and children who do not have access to this care?

Is it true that we simply cannot afford social services to disadvantaged and handicapped children to give them a chance in life?

Is it true that we simply cannot afford to assure that no American child goes to bed hungry at night?

These "cannot affords" add up to an incredible costly legacy to our society -- a legacy of poor health, costly services, institutionalization, crime, and social alienation.

And what about the cost to a child in lost opportunity to grow up healthy and whole? Who can measure that cost?

Now, in a time of economic recession, child care services are needed more than ever. The family's available income continues to decrease and families are finding it more and more difficult to pay for basic necessities, much less the "luxury" of things such as preventive health care. Families need assistance now more than ever.

And let me say too, that all of us who care about children oppose the use of custodial rather than high quality child care in a time of economic emergency as an expedient to move parents into the job market. This economic scheme does nothing for children and indeed will be more costly in the long run.

In fact, as an example of the broad interest in the highest quality child care, I am attaching a copy of The State Day Care Facility Licensing Act drafted and endorsed by 35 member organizations of NCOCY.

In closing, I would respond to President Ford's statement that we cannot afford new social programs. I say that we cannot sacrifice our children for the sake of cutting government budget costs. I say quite emphatically that we cannot afford not to provide child care services for our nation's most valuable resource -- our children.

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CITIZENS' COMMITTEE FOR CHILDREN
OF NEW YORK, INC.

2 PARK AVENUE NEW YORK, N. Y. 10016 (212) 725-7940

March 25, 1975

Honorable John Brademas
House of Representatives
Washington, D. C. 20515

Dear Congressman Brademas:

On February 21, 1975, Ms. Judith S. Helms, Executive Director of the National Council of Organizations for Children and Youth, delivered eloquent and reasoned testimony before your joint subcommittees on the overwhelming unmet need for services to children and families, particularly in this time of economic distress.

The Board of Directors and the Section on Children's Rights and Welfare of Citizens' Committee for Children have each voted unanimously to endorse Ms. Helms' testimony. We hereby request that this endorsement be entered in the record of the hearings.

We are sure that under your enlightened leadership the Congress will act to bring into reality this vital program.

Yours sincerely,

Henry Saltzman,
Executive Director

HS:rm

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THOSE MEMBER ORGANIZATIONS OF NCOCY, ENDORSING JUDITH S. HELMS TESTIMONY ON THE CHILD AND FAMILY SERVICES ACT, April 23, 1975

American Association for Health, Physical Education and Recreation
American Child Guidance Foundation
American Dietetic Association
American Foundation for the Blind
American Home Economics Association
American Occupational Therapy Association
American Parents Committee
American School Counselor Association
Association for Childhood Education International
Association of Medical School Pediatric Department Chairmen
Big Brothers of America
Big Sisters International
B'nai B'rith Youth Organization
Boys Clubs of America
Council on Social Work Education
Day Care and Child Development, Chicago Illinois
Mayor's Office of Child Care, Chicago, Illinois
The Chicao 4-C Committee
The Children's Foundation
EVAN-G
Executive Council, Episcopal Church
Governor's Committee for Children and Youth
Iowa Children's Lobby
Joseph P. Kennedy Jr. Foundation
La Causa Comun
Maryland Committee for Day Care of Children
National Alliance Concerned with School-Age Parents
National Association of Children and Youth Project Directors
National Conference of Catholic Charities
National Council on Family Relations
National Youth Alternatives Project
Parents Without Partners
Planned Parenthood Federation of America
Quality Child Care, Inc.
Southern Baptist Convention
United Church Board for Homeland Ministries
United Church Board for Homeland Ministries , Division of Evangelism, Church Extension and Education
Westchester Children's Association

Citizens Committee for Children of New York
The Salvation Army
American Lutheran Church
Day Care and Child Development Council of America

Mr. MEEDS. The committee is adjourned.

[Whereupon, at 12:55 p.m., the subcommittee adjourned, to reconvene at the call of the Chair.]

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